

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

B.S., a minor, by her Next Friend and
mother, Lauren Sussex, and
Lauren Susex, Individually,

Plaintiffs,

vs. Civil Action No.

United States of America,
Defendant.

GERALD THURSWELL (P21448)
ARDIANA CULAJ (P71553)
THE THURSWELL LAW FIRM P.L.L.C.
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There is another pending or resolved civil action arising out of the transaction or occurrence alleged in the Complaint; Case No. 15-355-NH, Judge: Thomas D. Wilson; Jackson County Circuit Court

COMPLAINT AND AFFIDAVIT OF MERITORIOUS CLAIM

NOW COME the above-named Plaintiffs by their attorneys, GERALD E. THURSWELL and ARDIANA CULAJ, of THE THURSWELL LAW FIRM, and complaining against the above-named Defendant, its agents, servants and/or employees, either real or ostensible, and say as follows:

I.

JURISDICTION, PARTIES AND VENUE

1. That this is a medical malpractice case brought under the Federal Tort Claims Act for severe and permanent injuries arising out of negligent acts or omissions of employees, agents, apparent agents, servants or representatives of the United States while acting within the course and scope of their employment, agency, apparent agency, servitude, or representative capacity, under circumstances where the United States of America, if a private person, would be liable to the Plaintiffs under the laws of the State of Michigan where the acts and/or omissions occurred. This Court has original subject matter jurisdiction pursuant to 28 U.S.C. §1336 (b).
2. That at all times relevant and/or material to these matters, the employees, agents, apparent agents, servants or representatives of the United States were subject to the United States' right to control, including substantial supervision and direction over their day-to-day activities.
3. That the Plaintiffs, B.S., a minor, and Lauren Sussex, her mother, are individuals residing in the County of Jackson, Michigan.
4. That at all times relevant to this Complaint, the Defendant, the United States of America, was the employer of health care providers who administered care and treatment to Lauren Sussex while she was pregnant with B.S. at Center for Family Health, and at Allegiance Hospital.
5. That the United States of America is a Defendant.
6. That Defendant United States of America may be served with process in accordance with Rule 4(i) of the Federal Rules of Civil Procedure by serving a copy of the Summons and Complaint on Barbara L. McQuade, Acting United States Attorney for the Eastern District of Michigan, 211 W. Fort Street, Suite 2001, Detroit, Michigan 48242 to the attention of the Civil Process Clerk and by serving a copy of the Summons and Complaint on Attorney General of the United States of America, Eric H. Holder, Jr., by registered or certified mail, to the Attorney General's

Office, 10th and Constitution Avenue, N.W., Washington, D.C. 20530, to the attention of the Civil Process Clerk.

7. That venue is proper in the United States District Court for the Eastern District of Michigan pursuant to 28 U.S.C. § 1391(a)(1) and (c) as the United States is a Defendant and because all or part of the cause of action accrued in this District and because the Plaintiffs reside in this District.

II.

LIABILITY OF THE UNITED STATES OF AMERICA

8. That this case is commenced and prosecuted against the United States of America pursuant to and in compliance with Title 28 U.S.C. §§2671-2680, commonly referred to as the "Federal Tort Claims Act." Liability of the United States is predicated specifically on Title 28 U.S.C. §§1346(b)(1) and 2674 because the personal injuries and resulting damages of which complaint is made, were proximately caused by the negligence, wrongful acts or omissions of employees of the United States at Center for Family Health, Jackson, Michigan while acting within the scope of their office or employment, under circumstances where the United States, if a private person, would be liable to the Plaintiffs in the same manner and to the same extent as a private individual under the laws of the State of Michigan.
9. That the United States Department of Health and Human Services is an agency of the United States of America. The United States of America, Defendant, through its agency, the United States Department of Health and Human Services, at all times material hereto, owned, operated and controlled the health care facility known as Center for Family Health, and though its agency, the United States Department of Health and Human Services, staffed the health care facility with agents, servants, and/or employees.

III.

JURISDICTIONAL PREREQUISITES

10. That on February 18, 2014, the Plaintiffs filed their administrative claims based on the facts alleged herein with the appropriate federal agency –

The Department of Health and Human Services – for damages arising out of the personal injuries sustained by B.S., a minor, and Lauren Sussex, based on the negligence of the United States' employees, agents, apparent agents, servants or representatives, practicing in the course and scope of their employment at Center for Family Health, Jackson, Michigan.

11. That on August, 25, 2014, the United States Department of Health and Human Services denied these claims. Accordingly, Plaintiffs have complied with all jurisdictional prerequisites and conditions precedent to the commencement and the prosecution of this litigation.

IV.

FACTS

12. That at all times material herein there existed a patient-doctor relationship between Plaintiff Lauren Sussex and **Dr. Dana Virgo**.
13. That at all times material herein there existed a patient-doctor relationship between Plaintiff-minor B.S. and **Dr. Dana Virgo**.
14. That at all times material herein, a patient-doctor relationship existed between Plaintiff Lauren Sussex and **Dr. Sangeeta Sinha**.
15. That at all times material herein, a patient-doctor relationship existed between Plaintiff-minor B.S. and **Dr. Sangeeta Sinha**.
16. That at all times material herein **Dr. Dana Virgo** was board certified in obstetrics and gynecology.
17. That at all times material herein **Dr. Sangeeta Sinha** was board certified in obstetrics and gynecology.
18. That the records of **Center for Family Health**, on the mother, Lauren Sussex, indicate, "Prenatal Visits 07/03/2012 MH Pt (Patient) denies any ctx (contractions). **J. Martin RN** Membrane intact. 06/26/2012 KD Pt states occasional ctx's. Denies leaking of fluid. No change in vaginal discharge. States increase in pelvic pressure and back pain. Pt completed ABX for CT. IOL (Induction of labor) info sheet given. **A Halladay, RN**

06/19/2012 SS Pt had questions about contractions, and how they feel. Pt also having swelling in legs. **C Moreno MA** **06/12/2012** CB Pt states increased pelvic pressure. Denies ctx's. Denies leaking of fluid. Pt brought disability forms to office to be completed by provider. Pt informed she will be contacted to pick-up completed forms at Pt Accounts. Verified understanding. **A Halladay. RN** No lof (loss of fluid) vb (Vaginal bleeding), ctx's. +FM (positive fetal movement). Chlamydia culture positive. Discussed. Azithromycin 1g Po X 1 given. RTC (return to clinic) in 1 week. CBERG; **06/05/2012** CB 36wk cultures today. Desires work slip for "half days." States increase in pelvic pressure. Denies ctx's. Denies leaking of fluid. **A Halladay RN** Membrane intact. GBS/Cultures done today. RTC in 1 week. CBERG **05/22/2012** SS Denies ctxs. Denies leaking of fluid. No concerns today. **A Halladay, RN** Signs of preterm labor negative. SS **05/08/2012** SS Good fetal movement. Stiles passed out and went to ER recently. She was told her glucose was low. **N. Skinner RN** **04/24/2012** CB Patient denies issues today. **04/06/2012** KD Good fetal movement. States has been feeling dizzy lately. Pt has been tanning. **N. Skinner RN**; **03/06/2012** SS 20 Fetal Organ Survey WNL (within normal limits). Pt states she has been getting lightheaded and dizzy. Pt slates it occurs 2x weekly. Pt denies LOF/VB/CTX. Ordered 28 week labs. **L. Craddock RN**. Discussed water intake, TED slacking ordered as she stands at work all day. SS **02/07/2012** SS Fetal organ survey ordered for **2/11/12**. PI denies problems. 20 week packet given. A. Shackelford RN **01/13/2012** KD Pt has no concerns at this time. **Unable to find FHT. J. Martin RN** **12/16/2011** SS Pt slates that she is feeling a lot better, no more N&V (Nausea and Vomiting). **C Moreno MA**; **11/17/2011** SS OBX. Pt c/o nausea in the evenings, states was constipated now when she eats she gets "bubble cramps" and has to go have a BM (bowel movement). Ordered Prenatal vitamins. Pt declined flu shot and SIT testing. **J Richards RMA** **11/02/2011** SS OB nurse intake today. Initial labs ordered. Pt already taking prenatal vitamins. Pt c/o constipation."

19. That the records of **Center for Family Health**, on the mother, **Lauren Sussex**, indicate, "Ultrasound **2/11/12**. EGA (estimated gestational age): 19 weeks 6 days. EDD: **7/1/12**."
20. That the records of **Center for Family Health**, on the mother, **Lauren Sussex**, indicate, "EDD (expectant date of delivery): **6/28/12**. Working EDD: **06/28/2012** last modified on **11/02/2011** by **Amanda**

Shackelford. Chief Complaint/Reason for visit: This 21 year old female presents with pregnancy. Pre-pregnancy weight: 150. Date: 11/02/2011"

Post-Dates, 41 weeks, Induction, Non-Reassuring Fetal Heart Tones, Remote from Delivery / Apgars 0 at one minute / 0 at five minutes

21. That the records of **Allegiance Health**, on the mother, Lauren Sussex, indicate, "Admitted: 7/5/12. Discharge: 7/8/12. PRINCIPAL DIAGNOSIS: DISCHARGE SUMMARY1. Intrauterine pregnancy at 41 weeks.2. Nonreassuring fetal heart tones remote from delivery.
PROCEDURE DONE: Primary low transverse C-section under spinal anesthesia. Please see the operative report by **Dr. Virgo** for details. Estimated blood loss was 700mL. female infant, weight 7 pounds 6 ounces, with Apgars of 0 and 0 at 1 and 5 minutes respectively. The patient was discharged to home in a stable condition.
POSTOPERATIVE DIAGNOSES: 1. Intrauterine pregnancy at 41 weeks, induction of labor.2. Nonreassuring fetal heart tones.
HOSPITAL COURSE: Lauren is a 22-year-old gravida I, para 0, admitted to labor and delivery at 41 and 0 weeks for **postdate induction of labor**. Her cervix was 1 to 2 cm dilated, 50% effaced, -3 station. She received a single dose of misoprostol vaginally and since then **she progressed to 3 cm and then began to have nonreassuring fetal heart tones. Please read Dr. Virgo's H&P (History & Physical) for details. On postop day #1 she was afebrile.**"

22. That the records of **Allegiance Health**, on the mother, Lauren Sussex, indicate, "Admitting Diagnosis: IUP (intrauterine pregnancy) 41 weeks. 7/5/12 induction of labor. Discharge: 7/8/12 1100."

Fetal Heart Rate Variability Became Extremely Diminished To Absent, Lasting Close To 1 Hour

23. That the records of **Allegiance Hospital**, on the mother, Lauren Sussex, indicate, "**HISTORY AND PHYSICAL:** Pregnancy at 41 and 0/7 weeks. **HISTORY OF PRESENT ILLNESS:** Lauren Sussex is a healthy 22-year-old, gravida 1, para 0, who was admitted to labor and delivery this morning at 41 and 0/7 weeks gestation for postdate induction of labor. Upon admission, her cervix was 1 cm to 2 cm dilated, 50% effaced, -3 station, soft, but very posterior. A single dose of misoprostol 25 micrograms was inserted vaginally at approximately 8:30

this morning. She began having cramping and experienced spontaneous rupture of membranes about an hour later, with increasingly painful contractions every 2 to 3 minutes. **Her fetal heart tracing has been in the 140s to 150s since admission with only average variability.** **Approximately an hour ago, the variability was noted to become extremely diminished to absent.** Oxygen had already been applied and multiple position changes were made with no change. I reexamined the patient; her cervix was 3 cm dilated, 70% effaced, and still -3 station. I was unable to place an IUPC (intrauterine pressure catheter), but I successfully placed a fetal scalp electrode, with positive acceleration in the fetal heart rate noted and subsequently improved variability. The patient is contracting approximately every 2 to 3 minutes and painfully and is requesting an epidural for pain. **Fetal heart tracing is currently in the 150s, with average to good variability and no decelerations.** ASSESSMENT: 22-year-old, gravida 1, para 0, at 41 and 0/7 weeks undergoing postdate induction of labor. She has entered labor after just a single dose of Cytotec. She is contracting regularly enough and painfully enough that I am not going to start Oxytocin at this time. **Fetal heart tracing has been mostly reassuring, except for a period of absent variability lasting for close to an hour, which has now significantly improved;** we will keep a close eye on the tracing. I am also concern by the high fetal station in this primigravida, but we will see how the baby descends into Lauren's pelvis as her labor progresses. **Dr. Dana Virgo.**"

24. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, "**7/5/12** cervix changed to 4 / 70% / -2. **Fetal heart tones with ongoing poor variability, late decelerations, no response to fetal scalp stimulation now. Plan: C-section for non-reassuring fetal heart tones, remote from delivery, risks / benefits of surgery explained to patient.** **7/5/12 3:50 p.m. Dr. Dana Virgo, MD.**"
25. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, "**Postoperative Progress Note: Pregnancy at 41 weeks, non-reassuring fetal heart tones, remote from delivery.** Procedure: cesarean section. Operative findings: Limp, pale female infant with thick terminal meconium. **Cord venous pH 7.192. Cord arterial pH 7.18.** Signed: **Dr. Dana Virgo, MD.**" **7/5/12 5:15 p.m.**"

Born on 7/5/12 at 1634 (4:34 p.m.)

26. That Brooklynn Stiles was born on **7/5/12 at 1634 (4:34 p.m.)**

27. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, “Cesarean birth record: spontaneous rupture of membranes **7/5/12 0952**, clear. Monitor external fetal heart rate and uterine contractions, maternal fetal heart rate and uterine contractions. **Cesarean urgent**. Born **7/5/12 at 1634**. Apgar scores 0 at one minute / 0 at five minutes. **Birth Weight**: 7 lbs 6 oz. Anesthesiologist: **Dr. Theiss K. Miller**. Surgeon: **Dr. Dana Virgo**. **Circulating Nurse**: **Wendy Rice / Mackenzie Fasnacht RN**. **Scrub Nurse** S. Carmer, C. Hicks. On Operating Room table at **1610**. Anesthesia began **1610**. Surgery began at **1624**. Birth: **1634**. Pre-operative **Diagnosis**: intrauterine term pregnancy, **non-reassuring fetal heart tones, primary cesarean section**. Post-operative **Diagnosis**: intrauterine term pregnancy, non-reassuring fetal heart tones, primary cesarean section. **Circulating Nurse**: **Wendy Rice**. **Scrub Nurse** S. Carmer.”

Fasnacht RN precepted / overseen by Wendi Rice, RN

28. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, “**7/5/12 1606** Fasnacht RN precepted / overseen by **Wendi Rice, RN**.” (FMG)

8:14 Dr. Virgo at bedside

29. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, “**7/5/12 8:14** Oxytocin (mU/min): 0. **Dr. Virgo** bedside evaluating patient.” (FMG)

30. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate:

LABOR PROGRESS CHART

31. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, Admit Date **7/5/2012**. Admit Time **6:48**. Current Time **7:00**, Monitor Mode E (External). Baseline FHR/Indeterminate 150. Variability MOD (Moderate). Accelerations ___. Decelerations ___. Initials MF. **7:50**, Monitor Mode E. Baseline FHR/Indeterminate 145. Variability MOD. Accelerations ___. Decelerations ___. Initials MF. **8:15**, Monitor Mode E, Baseline FHR/Indeterminate 140, Variability

MOD, Accelerations +, Decelerations __, Initials MF. **8:24**, Doctor exam, no monitors, cytotec inserted. Physician/CNM Response **Dr. Virgo**, Initials MF.

32. That the records of **Allegiance Hospital**, on the **mother, Lauren Sussex**, indicate: (P82) **11:30** Monitor Mode E. Baseline FHR/Indeterminate 145. **Variability MIN-MOD (Minimal to Moderate)**. Accelerations __. Decelerations __. Initials M.F. **12:02** Monitor Mode E. Baseline FHR/Indeterminate 145. Variability MOD. Accelerations __. Decelerations __. Initials M.F. (Mackenzie Fasnacht, R.N.) **12:30** Monitor Mode E. Baseline FHR/Indeterminate 145. Variability MOD. Accelerations __. Decelerations __. Initials M.F. **13:04** Monitor Mode E. Baseline FHR/Indeterminate 150. **Variability MIN-MOD**. Accelerations __. Decelerations __. Initials MF. **13:27** Monitor Mode E. Baseline FHR/Indeterminate 150. Variability MIN. Accelerations __. Decelerations __. Physician CNM Response **Dr. Virgo**, Initials M.F. **13:38** FSE applied. Physician CNM Response **Dr. Virgo**, Initials M.F. **14:00** Monitor Mode I (Internal). Baseline FHR/Indeterminate 155. Variability MED. Accelerations +. Decelerations __. Initials W.R. **14:15** Anesthesia bedside for epidural. Initials W.R. (Wendy Riu, R.N.) **14:30** Patient sitting for epidural. Initials W.R. **14:45** Monitor Mode I. Baseline FHR/Indeterminate 150. Variability MED. Accelerations +. Decelerations __. Initials W.R. **15:00** Monitor Mode I. Baseline FHR/Indeterminate UTD. Variability MED. Accelerations __. Decelerations V (Variable). Initials W.R. **15:15** Monitor Mode I. Baseline FHR/Indeterminate 160. Variability MED. Accelerations __. Decelerations V (Variable). Initials W.R. **15:30** Monitor Mode I. Baseline FHR/Indeterminate 170. Variability MOD. Accelerations __. Decelerations V (Variable). Initials W.R. **15:45** Monitor Mode I. Baseline/FHR/Indeterminate 175. Variability MOD. Accelerations __. Decelerations V (Variable). Initials W.R.

33. That MF is **Nurse MacKenzie Fasnacht, RN**

34. That WR is **Nurse Wendy Rice, NR.**

35. That E is electronic fetal monitoring.

36. That I is internal fetal scalp lead.

37. That M is moderate fetal heart rate variability.

38. That min is minimal fetal heart rate variability.

39. That V is variable decelerations.

Nonreassuring Fetal Heart Tracing, Remote From Delivery

40. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, “**OPERATIVE REPORT: PREOPERATIVE DIAGNOSES:** Pregnancy at 41 and 0/7 weeks, undergoing induction of labor with **nonreassuring fetal heart tracing, remote from delivery**. **POSTOPERATIVE DIAGNOSES:** Pregnancy at 41 and 0/7 weeks, undergoing induction of labor with **nonreassuring fetal heart tracing, remote from delivery**. **PROCEDURE PERFORMED:** Primary low segment transverse cesarean section. **SURGEON:** **Dana Virgo, MD**. **ANESTHESIA:** Epidural. **OPERATIVE FINDINGS:** Limp, pale female with weight and Apgars pending with thick, terminal meconium, small calcified placenta, grossly normal uterus, tubes, ovaries. **OPERATIVE PROCEDURE:** The patient was taken to the operating room, IV fluids running. Her epidural was redosed. She was placed in the dorsal supine position with leftward tilt. Fetal heart tracing in the operating room was noted to be in the 150's.”

Non-Reassuring Fetal Heart Tones

41. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, “**Clinical History / Pre-Op Diagnosis:** intrauterine term pregnancy, non-reassuring fetal heart tones (41 weeks). **Post-Op Diagnosis:** non-reassuring fetal heart tones.”

42. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, “**TISSUE SUBMITTED: PLACENTA FINAL PATHOLOGIC DIAGNOSIS:** Singleton placenta, cesarean delivery: Singleton placenta (431 g) with appropriate maturation for gestational age. Placental membranes with **mild chorionitis and rare meconium-laden macrophages**. **Three-vessel umbilical cord with no significant abnormality**. Chorionic villi and maternal decidua with no significant abnormality. **COMMENT:** Placenta Template: Clinical Indication: **Nonreassuring fetal heart tones, meconium** Gestational Age: 41 weeks

Delivery: Cesarean **Membranes**: Other Findings: **Mild chorionitis and rare meconium-laden macrophages** Weight: 431 g Size: 20 x 19.5 x 3.2 cm."

43. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, "**OPERATION: Primary C-section. CLINICAL HISTORY AND DIAGNOSIS: Intra-uterine term pregnancy, non-reassuring FHT, (41 weeks) POST OPERATIVE DIAGNOSIS: Non-reassuring fetal heart tones; terminal meconium.**"

Cord Blood Gases

44. That the records of **Allegiance Hospital**, on the mother, **Lauren Sussex**, indicate, "**7/5/12 1642** arterial pH 7.10L / PCO2 62.7H / PO2 7.7L / HCO3 22.9 / BD 6.5 H. Venous pH 7.192L / PCO2 56.5H / PO2 17.4L / HCO3 21.2 L / BD 7.6H."

Center for Family Health - Lauren Sussex

45. That the records of **Center for Family Health**, on the mother, **Lauren Sussex**, indicate, "Telephone Message: **8/6/12 2:09** **Dana Virgo, MD.** Pt feeling better. No problems being up and about. Baby home from hospital. Still on tube feeds. Discussed meeting to discuss findings of root cause analysis meetings, versus waiting to meet until after external review of med records from labor. Pt unsure- will d/w family and will let me know by phone or at postpartum visit in 10 days. Discussed that I'd like to talk to Brooklynn's neurologist, but pt doesn't know name. I will call UM again to find name of neurologist. **Dana Virgo, MD.**"

46. That the records of **Center for Family Health**, on the mother, **Lauren Sussex**, indicate, "Telephone Message: **7/12/12 1:24 p.m.** **Dana Virgo, MD.** Left message at pt's home # that I was calling to check on how she's feeling and w/test results. Called baby's room at UM NICU with no answer. **07/12/2012 4:52 PM** **Dana Virgo MD** UM NICU staff state that pt is staying at Ronald McDonald House. **07/14/2012 11:19 AM** Baby extubated. Pt reports MRI showed "deep damage to motor centers" of her brain.

47. That the records of **Center for Family Health**, on the mother, **Lauren Sussex**, indicate, "Telephone Message: **07/09/2012 1:01 PM** **Dana Virgo MD** called pt's home # to ask how she's feeling since d/c

yesterday. Pt's mother, Vicky, answered, Lauren is at UM NICU with baby. Vicky states Lauren is feeling well; no more fevers. **07/09/2012 1:03 PM Dana Virgo MD** per Vicky, baby can't be held due to BP fluctuations. Baby status/post cooling therapy; rewarmed yesterday evening. Baby undergoing multiple tests. Vicky will let Lauren know that I called. I will call Lauren at UM NICU on Thursday when path report from placenta is available. **07/09/2012 5:34 PM Dana Virgo MD** Path report back this afternoon. Called pt's baby's room at UM NICU, but pt not there. Will try again later. **Dana Virgo, MD.**"

48. That the records of **Center for Family Health**, on the **mother, Lauren Sussex**, indicate, "**7/18/12** Office Visit – GYN: Chief Complaint/Reason for visit: This 22 year old female presents with c- section. History of Present Illness: 1. C- section (follow-up). Additional comments: s/p primary c/section on **7/5/12** for nonreassuring fetal heart tracing. Cord pH **7.19**, but Apgars **1/1/1** with prolonged resuscitation of baby, intubation, chest compressions, epinephrine required. Baby immediately transferred to UM with seizure activity for therapeutic hypothermia. MRI shows damage to motor centers of baby's brain, per pt. Baby now extubated; receiving occupational therapy to help with sucking. Pt reports diminished appetite but able to eat and drink. Assessment/ Plan: Fetal heart rate decelerations affecting management. Signed: **Dr. Dana Virgo, MD**. Document generated by: **Dana Virgo, MD 7/18/12 12:36 PM.**"

Brooklynn Stiles

49. That the records of **Allegiance Hospital**, on the **child, Brooklynn Stiles**, indicate, "**Admitted: 7/5/12. Discharge: 7/5/12.**"

45 minutes CPR

50. That the records of **Allegiance Hospital**, on the **child, Brooklynn Stiles**, indicate, "**7/5/12 BABY TRANSFERRED TO UM (University of Michigan Hospital) LAST NIGHT AFTER BORN WITH 0/0 APGAR. BABY BORN BY C-SECTION. ACTION TAKEN: -SPOKE TO RN. DEB. PER DER PT WAS NOT BREATHING AT BIRTH AND GOT CPR (cardiopulmonary resuscitation) FOR 45 MINUTES.**"

Birth Depression – Seizing

51. That the records of **Allegiance Hospital**, on the **child, Brooklynn Stiles**, indicate, “Admitted: 7/5/12. Discharge: 7/5/12. ADMISSION HISTORY AND PHYSICAL/TRANSFER SUMMARY REASON FOR ADMISSION: **Birth depression** HISTORY: Baby Girl Sussex is a 41-week-old female born to a 22-year-old Gravida 1, Para 0 mom with no significant maternal history. Mom was admitted to the hospital today for an induction and then had a **C-section due to nonreassuring fetal heart tones**. Prior to delivery, the baby had been noted for a good heart rate. Mom had rupture of membranes prior to delivery, **which were noted to be clear, but at the C-section, the baby was noted to have meconium-stained amniotic fluid**. The baby was removed and was noted for poor tone, a heart rate greater than 100, no respirations, and a pale color. The baby's eyes were open, but the baby had no spontaneous movement. As the amniotic fluids were noted for meconium-stained, baby was an in-and-out intubation to visualize the cords was attempted to remove any meconium stained amniotic fluid below the cords. An in-and-out intubation was attempted twice with an unsuccessful visualization of the vocal cords and the baby was immediately bagged-was given PPV (positive pressure ventilation) with the Neopuff. Equal breath sounds were noted during ventilation and good chest rise. **The baby was dried and stimulated and no spontaneous respirations were noted. After 1 minute of life, the baby's initial heart rate, which was above 100, was noted to decline to less than 60 and chest compressions were started**. The anesthesiologist, Dr. Theiss, was available and intubated the baby after the second attempt, no meconium was removed. Color change was noted on the indicator and an ET tube of 3.5 was placed. The baby was given airway support through the ET tube and a 3 mL dose of epinephrine was given via the ET tube, as no peripheral access could be established via the UVC. The baby received a total of 3 doses of epinephrine of 3 mL each. **After the third dose of epinephrine, the baby's heart rate was noted to be above 100 in which she was able to sustain an independent heart rate. After the first 2 initial doses of epinephrine, the baby's heart rate would rise above 100, but without chest compressions, would quickly fall again below 60. Chest compressions were stopped once the baby's heart was beating on its own and as the airway was secure, the attention was changed to securing access. A UVC was attempted, but unsuccessful and peripheral attempts were attempted but unsuccessful. The baby was**

transferred to the special care nursery at this time, where a saphenous stick was successful. The blood that was removed from the saphenous stick was sent for an ABG and basic labs. **Initial ABG showed a pH of 6.83, PC02 of 59.6, a P02 of 70, bicarb 9.7, saturating at 77.9% with a base deficit of 25.3.** At that time, due to the significant acidosis, an intraosseous access was placed and the baby was initially given a 10 mL per kilogram bolus of normal saline, followed by 2 mEq/kg of sodium bicarb, followed by starting 010 at 80 mL/kg, also Ampicillin and Gentamicin were started. A chest x-ray was done at the time which was noted for ET tube in the right main stem. The ET tube was adjusted as needed for placement. **The baby was noted to have some gumming at the ET tube and some slight eye movements and then some shaking of the limbs.** At that time, Phenobarbital was given at 20 mg/kg and the seizing quickly stopped. The University of Michigan neonatal unit was called prior to the baby leaving the resuscitation room, and they were informed of the baby's status. The neonatologists at St. Joseph were also informed of this baby and assisting in directing in the care of this baby as well. **PHYSICAL EXAMINATION: VITAL SIGNS:** Temperature of 94.3, heart rate of 126, respirations of 52, blood pressure was 74/47, with a MAP of 55, saturating at 95%. Birth weight was 3.365 kg. **GENERAL: Baby has a poor tone and is slightly reactive to stimuli.** HEENT: Normocephalic, EXTREMITIES: She has poor tone, is not moving her extremities spontaneously. NEUROLOGICAL: She has poor tone. She was noted during her seizing episode to have posturing and chewing and smacking at her ET tube. **DIAGNOSTIC STUDIES: Initial ABG showed a pH of 6.83, PC02 of 59.6, a P02 of 70, bicarb 9.7, saturating at 77.9% with a base deficit of 25.3. A repeat ABG showed a pH of 7.16, PC02 of 27.6, a P02 of 69.7, a bicarb of 9.8 and a base deficit of 17, saturating at 92.2%.** **CARDIAC:** The patient did require chest compressions and 3 doses of epinephrine via the ET tube. The patient does have now have a regular rate and rhythm. **NEUROLOGIC:** The patient's Apgars at 1, 5, 10, 15, and 20 minutes were 1. The Apgars at 25 minutes increased to 3, given a heart rate of 2 and color of 1. The baby was also noted for posturing and seizure-like activity and was given a bolus of Phenobarbital, 20 mg/kg. The posturing at that time stop stopped and the baby remained stable. **The U of M Neonatal ICU (Intensive Care Unit) was informed of this baby. They came and transferred this baby. cooling was initiated here and will continue at UM for this baby. The parents have been made aware. Mom is supported by her boyfriend, who is the dad, and**

her parents. They have been explained what has occurred this afternoon in response to the baby's respiratory and cardiac needs. The father of the child will be going to the University of Michigan to monitor the status and be involved in baby's care until mom can be discharged from the hospital here."

52. That the records of **Allegiance Hospital**, on the **mother, Lauren Sussex**, indicate, "**Admission History & Physical**. Reason for Admission: Cardiac arrest. **HISTORY:** Baby Girl Sussex is a 41-week-old female born to a 22-year-old mom with no significant maternal history. **Mom was admitted to the hospital today for an induction and then had a C-section due to nonreassuring fetal heart tones. Prior to delivery, the baby had been noted for a good heart rate.** Mom had rupture of membranes prior to delivery, which were noted to be clear, but at the C-section, the baby was noted to have meconium-stained amniotic fluid. ... The anesthesiologist, **Dr. Theiss**, was available and intubated the baby after the second attempt. Color change was noted on the indicator and an ET tube of 3.5 was placed in at initially a level of - a lip-to-tip level of 12. The baby was given airway support through the ET tube and a 3 mL dose of epinephrine was given via the ET tube, as no peripheral axis could be established."

Seizing

53. That the records of **Allegiance Hospital**, on the **child, Brooklynn Stiles**, indicate, "**NEUROLOGICAL: She has poor tone. She was noted during her seizing episode to have posturing and chewing and smacking at her ET tube.**"

Resuscitation Record

54. That the records of **Allegiance Hospital**, on the **mother, Lauren Sussex**, indicate, "**Neonatal Resuscitation Record: 7/5/12. Birth: 1634.** Resuscitation procedures initiated at **1635**. Resuscitation procedures completed at **1700**. **Apgar scores** at 1 minute 1; 5 minutes 1; 10 minutes 1; 15 minutes 1; 20 minutes 1; 25 minutes 3. (*It appears as if the Apgar scores have been changed from a 0 to 1.*) Procedures: Positive pressure ventilation **1635**. Intubation at **1634**. ETT ventilation **1651**. Cardiac compressions at **1635** and **1700**. Epinephrine given at **1652, 1654** and **1657**. First gas time noted none. Spontaneous respirations time noted none. First grimace time noted none. Heart rate > 60 not filled in. Heart

rate > 100 bpm at 1700. Improvement in color at 1700. Transferred to Special Care Nursery. Signed: **Dr. N. Scharma, MD.**"

Born at 1634

55. That the records of **Allegiance Hospital**, on the **child, Brooklynn Stiles**, indicate: (P63) 07/05/12 16:52 O:(PF): Epinephrine give in ET tube 07/05/12 16:57 O:(PF): Epinephrine given for 2nd time in ET Tube 07/05/12 17:00 O:(PF): Compressions continued and **Dr. Theiss** intubated with 3.5 ET tube 07/05/12 17:05 O:(PF}: started cardiac chest compressions at 1634 to 1700 07/05/12 17:26 S(PF): several IV attempted. Some with blood return but not flushing due to site blowing. 07/05/12 17:49 O:(PF): baby transported to SCN (special care nursery).

Born at 1634 - blood gas at 1820

56. That the records of **Allegiance Hospital**, on the **child, Brooklynn Stiles**, indicate: (P49) Date: 7/5/12. Time 18:20. Arterial PH 6.831 L, Ref Range Units 7.35-7.35. Arterial PCO₂ 59.6 H, Ref Range Units 35-45 MMHG. Arterial PO₂ 70.0 L, Ref Range Units 80-100 MMHG.

University of Michigan Hospital – HIE / Multi-organ failure / seizures

Hypoxic-Ischemic Encephalopathy

57. That the records of **University of Michigan Hospital** on the **child, Brooklynn Stiles.**, indicate, "ADMISSION DATE: 07/05/2012. DISCHARGE DATE: 07/30/2012. Principal Diagnosis (from current hospital stay): **hypoxic-ischemic encephalopathy. Secondary Diagnosis: Multi-organ system dysfunction resolved, seizures, hypotension resolved, feeding difficulties in newborn, pseudobulbar palsy weak gag, but improving.**"

MRI - Hypoxic-Ischemic Encephalopathy at birth, remained apneic, Heart Rate < 60 / Body Cooling

58. That the records of **University of Michigan Hospital** on the **child, Brooklynn Stiles.**, indicate, "LABOR: Labor was induced for post-dates gestation on 7/5 at 08:24 with Cytotec. Membranes were ruptured on 7/5 at 09:52 with clear amniotic fluid. Membranes were ruptured for a total of 6.5 hours. Infant had vertex presentation. At 16:00, mother was taken to the OR for emergent c-section for non-reassuring fetal heart tones. Meconium was noted during the c-section. **DELIVERY**

HISTORY: Infant was born at 16:34 on 7/5/2012. At delivery, the infant was initially not vigorous and was endotracheally intubated for suctioning below the cords given meconium on delivery. Suction returned mucus plug but no meconium. Infant remained apneic, with **HR noted to be <60. PPV was attempted with no improvement in heart rate, chest compressions were begun. Multiple attempts at IV access without success. Epinephrine doses x2 were introduced via ETT at 16:52 and 16:53 for heart rate continuously <60. Chest compressions** continued until Brooklynn was re-intubated with a 3.5 ETT secured at 12cm at the lip at 17:00. Heart rate at this point improved to >100, Sp02 in the 70s. An intraosseous line was placed in the right leg and a 10mL/kg NS bolus and **sodium bicarbonate x2** given via I/O line given metabolic acidosis on blood gas. Sp02 continued to improve into the 80s. Upon arrival of University of Michigan NICU (neonatal intensive care unit) transport team at Allegiance, **lip smacking and facial deviation** to the right were noted with right fist shaking, and a loading dose of 20mg/kg Phenobarbital was given at 19:30. Ampicillin and Gentamicin also started at 19:30. A scalp PIV was also placed prior to transport. Infant was prepped for transfer to the **University of Michigan NICU** to be admitted for whole body cooling in the setting of prolonged resuscitation requirements. **TRANSPORT HISTORY:** Brooklynn was noted to have additional **lip smacking** movements shortly after the Phenobarbital dose was given but then resolved without intervention. She was passively cooled, with a temperature of 34 C at 19:25. D10W at 60ml/kg/day was given during transport. Initial ventilator settings were PC/AC PIP 15/5 rate 60, with spontaneous rate of 70s; however, transport ventilator cannot be triggered, and rate was reset at 40 due to her hyperventilation. Upon arrival to the University of Michigan, **whole body cooling protocol was initiated, and central access obtained via UAC and PIV x2. Esophageal temperature monitor was placed.**"

MRI Global HIE

59. That the records of **University of Michigan Hospital** on the **child, Brooklynn Stiles.**, indicate, "**Head MRI** on 7/12/2012 showed extensive diffusion restriction in the bilateral putamen and bilateral thalamus concerning for **global hypoxic ischemic encephalopathy**, with additional diffusion restriction in anterior genu of the corpus callosum and no venous sinus thrombosis. Brooklynn's AEDs were weaned with Keppra discontinued on 7/17 and a Phenobarbital wean was initiated.

She will continue the wean as an outpatient and will be followed by Neurology.”

Hypoxic-Ischemic Encephalopathy

60. That the records of **University of Michigan Hospital** on the **child, Brooklynn Stiles.**, indicate, “7/12 MRA/MRI Head 1. Extensive diffusion restriction involving the bilateral putamina and bilateral thalami concerning for **global ischemic injury** as seen in **hypoxic ischemic encephalopathy (HIE)**. **There is evidence of early hemorrhage with luxury profusion involving the left putamen**. Focal enhancement in the right frontal cortex compatible predominately blood-brain barrier. 2. Additional diffusion restriction in the anterior genuine the corpus callosum is in an atypical location but also suspicious for ischemic injury. 3. No convincing evidence of venous sinus thrombosis. Fetal survey at 20 weeks was within normal limits.”

V.

CLAIM FOR NEGLIGENCE OF DEFENDANT

61. That Defendant, the United States of America, by and through its agents, apparent agents, employees, servants, representatives, and contractors, undertook duties to provide proper care to Lauren Sussex and her unborn child, B.S, with the level of care, skill, and treatment that is recognized as acceptable and appropriate by reasonably prudent health care providers.
62. That at all times material herein **Dr. Dana Virgo** was the agent, servant and/or employee, either real or ostensible, of Center for Family Health, Jackson, Michigan.
63. That at all times material herein **Dr. Sangeeta Sinha** was the agent, servant and/or employee, either real or ostensible, of Center for Family Health, Jackson, Michigan.
64. That at all times material herein, a patient-doctor relationship existed between Plaintiffs and **Dr. Dana Virgo**.
65. That at all times material herein, a patient-doctor relationship existed between Plaintiffs and **Dr. Sangeeta Sinha**.

66. That at all times material herein, there was a patient-doctor relationship between doctors, nurses and/or medical assistants who cared for Plaintiffs Allegiance Health which doctors and nurses were the agents, servants or employees of **Center for Family Health.**, either real or ostensible.
67. That at all times material herein **Dr. Dana Virgo** was a physician duly licensed to practice medicine in the State of Michigan.
68. That at all times material herein **Dr. Sangeeta Sinha** was a physician duly licensed to practice medicine in the State of Michigan.
69. That when Plaintiffs were treated at Allegiance Health, Plaintiffs were staff patients and a doctor or doctors were assigned pursuant to the **Center for Family Health**, procedures, by **Center for Family Health Inc.**, to care for Plaintiffs and said doctors were the agents, servants and/or employees of said **Center for Family Health.**, either real or ostensible.
70. That **Dr. Dana Virgo** was the agent, servant or employee of Center for Family Health, either real or ostensible, and was acting in the course and scope of said employment when said doctor treated Plaintiffs and violated the standard of practice of her profession in the care and treatment of Plaintiffs as stated herein.
71. That **Dr. Sangeeta Sinha** was the agent, servant or employee of Center for Family Health, either real or ostensible, and was acting in the course and scope of said employment when said doctor treated Plaintiffs and violated the standard of practice of her profession in the care and treatment of Plaintiffs as stated herein.
72. That **Center for Family Health** is liable to Plaintiffs herein under the doctrine of respondeat superior, either real or ostensible for the malpractice of Dr. Virgo as alleged herein.
73. That **Center for Family Health** is liable to Plaintiffs herein under the doctrine of respondeat superior, either real or ostensible for the malpractice of Dr. Sangeeta as alleged herein.
74. That **Center for Family Health** is a federally funded healthcare facility owned, operated and controlled by the United States of America through its agency, Department of Health and Human Services.

75. That at all times material hereto, **Dr. Dana Virgo**, when rendering health care services to Plaintiffs herein, was the agent, servant and/or employee of the Department of Health and Human Services of the United States of America, or some other agency thereof, and was at all times material hereto, acting within the course and scope of such employment.

76. That at all times material hereto, **Dr. Sangeeta Sinha**, when rendering health care services to Plaintiffs herein, was the agent, servant and/or employee of the Department of Health and Human Services of the United States of America, or some other agency thereof, and was at all times material hereto, acting within the course and scope of such employment.

STANDARD OF CARE - DR. DANA VIRGO

77. That at all times material herein **Dr. Dana Virgo** owed duties to Plaintiffs pursuant to the patient-doctor relationship that existed between them and **pursuant to the standard of practice or care of her profession:**

- a. To exercise reasonable skill and diligence to timely request and timely demand the presence of a physician immediately to evaluate Plaintiffs.
- b. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones and/or fetal distress.
- c. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turn the mother's position.
- d. To exercise reasonable skill and diligence to timely and periodically, properly review and evaluate the fetal monitoring strip that was produced herein.
- e. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section.
- f. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics.

- g. To exercise reasonable skill and diligence to timely order and timely perform a Cesarean section.
- h. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to timely recognize non-reassuring fetal heart tones.
- i. To timely request and/or order the presence of a Neonatologist and/or Pediatrician and/or expert to be present for the delivery herein to resuscitate and care for the newborn Plaintiff.
- j. To exercise reasonable skill and diligence in the timely treatment and care of Plaintiffs' conditions, to-wit: timely order and/or timely perform delivery herein.
- k. To timely exercise reasonable skill and diligence and request or order general anesthesia so that the C-section could be done sooner and prevent further hypoxia and/or ischemia.
- l. To timely request a crew and anesthesia to come stat so that a stat C-section could be timely performed.
- m. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones / patterns and/or fetal distress.
- n. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turning position, mother position.
- o. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics to stop contractions.
- p. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section so as to prevent hypoxia and/or ischemia from resulting in brain damage while the fetus remained in the uterus.

- q. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to recognize non-reassuring fetal heart tones.
- r. To timely exercise reasonable skill and diligence to recognize decreases and/or absence in fetal heart rate variability.
- s. To timely exercise reasonable skill and diligence to recognize fetal heart rate tachycardia.
- t. To timely exercise reasonable skill and diligence to recognize absence of fetal heart rate accelerations.
- u. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section and/or timely offer the patient the opportunity to have a C-section.
- v. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions.
- w. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, to-wit: fetal distress / non-reassuring fetal heart tones.
- x. To exercise reasonable skill and diligence to timely treat Plaintiffs' conditions.
- y. To exercise reasonable skill and diligence to timely diagnose late fetal heart rate decelerations and/or fetal heart rate variable decelerations on the fetal monitoring graph.
- z. To exercise reasonable skill and diligence to timely recognize decrease in fetal heart rate variability.
- aa. To exercise reasonable skill and diligence to timely deliver Plaintiff minor.

- bb. To exercise reasonable skill and diligence to timely request / order a general anesthesia so the delivery could be expedited herein.
- cc. To exercise reasonable skill and diligence to timely order and/or timely place a fetal scalp electrode and/or intrauterine pressure catheter to more accurately monitor the fetal heart rate and pattern and to more accurately monitor the strength of the contractions.
- dd. To exercise reasonable skill and diligence to follow Defendant hospital's guidelines and/or policies and/or procedures and/or protocol in the care and treatment of Plaintiff herein.
- ee. To timely perform and appreciate a thorough history and physical examination;
- ff. To timely recognize the signs and symptoms of fetal distress, non-reassuring fetal heart rate and/or patterns including, but not limited to, complaints of decreased fetal movement and/or minimal fetal heart rate variability and/or absent fetal heart rate variability and/or late decelerations and/or variable decelerations of the fetal heart rate and/or the absence of accelerations of the fetal heart rate and/or tachycardia and/or fetal tachycardia, which appeared on the fetal heart monitor tracing;
- gg. To timely take the appropriate action when fetal distress, non-reassuring fetal heart rate and/or patterns were identified, including immediately notifying the attending physician that he needs to come in to evaluate the mother's condition immediately and prep patient for a C-section, and ready and call for a crew, nurses, anesthesia and physicians for an impending C-section.
- hh. To timely and properly seek reassurance when it became apparent that the fetal heart rates and/or patterns were showing signs of distress, non-reassuring fetal heart rate and/or patterns, including but not limited to performing external stimulation, vibroacoustic stimulation and/or a scalp stimulation test;

- ii. To timely institute measures aimed at improving fetal oxygenation and placental perfusion, including but not limited to, repositioning mother, starting oxygen, and initiating / increasing IV fluid;
- jj. To exercise reasonable skill and diligence to timely recognize that if the vaginal delivery / birth was remote that a stat C-section was required before hypoxia and/or ischemia resulted in brain damage.
- kk. To timely recognize that there were non-reassuring fetal heart rates and/or patterns, and immediately initiate a consultation for consideration of a C-section and/ or by using the chain of command;
- ll. To timely utilize the chain of command to ensure that the mother received timely, adequate information to make an informed refusal or consent for a C-section.
- mm. To timely exercise reasonable skill and diligence to timely have continuous and accurate electronic fetal monitoring of the fetal heart rate and/or contractions.
- nn. To exercise reasonable skill and diligence to properly and adequately interpret the fetal monitoring graphs that showed fetal heart rate and/or contractions.
- oo. To exercise reasonable skill and diligence to timely and periodically supervise and instruct residents and/or nurses in the care, treatment and monitoring of Plaintiffs.

STANDARD OF CARE - DR. SANGEETA SINHA

78. That at all times material herein **Dr. Sangeeta Sinha** owed duties to Plaintiffs pursuant to the patient-doctor relationship that existed between them and **pursuant to the standard of practice or care of her profession:**

- a. To exercise reasonable skill and diligence to timely request and timely demand the presence of a physician immediately to evaluate Plaintiffs.
- b. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones and/or fetal distress.
- c. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turn the mother's position.
- d. To exercise reasonable skill and diligence to timely and periodically, properly review and evaluate the fetal monitoring strip that was produced herein.
- e. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section.
- f. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics.
- g. To exercise reasonable skill and diligence to timely order and timely perform a Cesarean section.
- h. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to timely recognize non-reassuring fetal heart tones.
- i. To timely request and/or order the presence of a Neonatologist and/or Pediatrician and/or expert to be present for the delivery herein to resuscitate and care for the newborn Plaintiff.
- j. To exercise reasonable skill and diligence in the timely treatment and care of Plaintiffs' conditions, to-wit: timely order and/or timely perform delivery herein.
- k. To timely exercise reasonable skill and diligence and request or order general anesthesia so that the C-section could be done sooner and prevent further hypoxia and/or ischemia.

1. To timely request a crew and anesthesia to come stat so that a stat C-section could be timely performed.
- m. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones / patterns and/or fetal distress.
- n. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turning position, mother position.
- o. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics to stop contractions.
- p. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section so as to prevent hypoxia and/or ischemia from resulting in brain damage while the fetus remained in the uterus.
- q. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to recognize non-reassuring fetal heart tones.
- r. To timely exercise reasonable skill and diligence to recognize decreases and/or absence in fetal heart rate variability.
- s. To timely exercise reasonable skill and diligence to recognize fetal heart rate tachycardia.
- t. To timely exercise reasonable skill and diligence to recognize absence of fetal heart rate accelerations.
- u. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section and/or timely offer the patient the opportunity to have a C-section.
- v. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions.
- w. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, to-wit: fetal distress / non-reassuring fetal heart tones.

- x. To exercise reasonable skill and diligence to timely treat Plaintiffs' conditions.
- y. To exercise reasonable skill and diligence to timely diagnose late fetal heart rate decelerations and/or fetal heart rate variable decelerations on the fetal monitoring graph.
- z. To exercise reasonable skill and diligence to timely recognize decrease in fetal heart rate variability.
 - aa. To exercise reasonable skill and diligence to timely deliver Plaintiff minor.
 - bb. To exercise reasonable skill and diligence to timely request / order a general anesthesia so the delivery could be expedited herein.
 - cc. To exercise reasonable skill and diligence to timely order and/or timely place a fetal scalp electrode and/or intrauterine pressure catheter to more accurately monitor the fetal heart rate and pattern and to more accurately monitor the strength of the contractions.
 - dd. To exercise reasonable skill and diligence to follow Defendant hospital's guidelines and/or policies and/or procedures and/or protocol in the care and treatment of Plaintiff herein.
 - ee. To timely perform and appreciate a thorough history and physical examination;
 - ff. To timely recognize the signs and symptoms of fetal distress, non-reassuring fetal heart rate and/or patterns including, but not limited to, complaints of decreased fetal movement and/or minimal fetal heart rate variability and/or absent fetal heart rate variability and/or late decelerations and/or variable decelerations of the fetal heart rate and/or the absence of accelerations of the fetal heart rate and/or tachycardia and/or fetal tachycardia, which appeared on the fetal heart monitor tracing;

- gg. To timely take the appropriate action when fetal distress, non-reassuring fetal heart rate and/or patterns were identified, including immediately notifying the attending physician that he needs to come in to evaluate the mother's condition immediately and prep patient for a C-section, and ready and call for a crew, nurses, anesthesia and physicians for an impending C-section.
- hh. To timely and properly seek reassurance when it became apparent that the fetal heart rates and/or patterns were showing signs of distress, non-reassuring fetal heart rate and/or patterns, including but not limited to performing external stimulation, vibroacoustic stimulation and/or a scalp stimulation test;
- ii. To timely institute measures aimed at improving fetal oxygenation and placental perfusion, including but not limited to, repositioning mother, starting oxygen, and initiating / increasing IV fluid;
- jj. To exercise reasonable skill and diligence to timely recognize that if the vaginal delivery / birth was remote that a stat C-section was required before hypoxia and/or ischemia resulted in brain damage.
- kk. To timely recognize that there were non-reassuring fetal heart rates and/or patterns, and immediately initiate a consultation for consideration of a C-section and/ or by using the chain of command;
- ll. To timely utilize the chain of command to ensure that the mother received timely, adequate information to make an informed refusal or consent for a C-section.
- mm. To timely exercise reasonable skill and diligence to timely have continuous and accurate electronic fetal monitoring of the fetal heart rate and/or contractions.
- nn. To exercise reasonable skill and diligence to properly and adequately interpret the fetal monitoring graphs that showed fetal heart rate and/or contractions.

oo. To exercise reasonable skill and diligence to timely and periodically supervise and instruct residents and/or nurses in the care, treatment and monitoring of Plaintiffs.

BREACH BY DR. DANA VIRGO

79. That **Dr. Dana Virgo**, breached the aforementioned duties in at least one and possibly more of the following particulars, so far as it is presently known, by failing:

- a. To exercise reasonable skill and diligence to timely request and timely demand the presence of a physician immediately to evaluate Plaintiffs.
- b. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones and/or fetal distress.
- c. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turn the mother's position.
- d. To exercise reasonable skill and diligence to timely and periodically, properly review and evaluate the fetal monitoring strip that was produced herein.
- e. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section.
- f. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics.
- g. To exercise reasonable skill and diligence to timely order and timely perform a Cesarean section.
- h. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to timely recognize non-reassuring fetal heart tones.

- i. To timely request and/or order the presence of a Neonatologist and/or Pediatrician and/or expert to be present for the delivery herein to resuscitate and care for the newborn Plaintiff.
- j. To exercise reasonable skill and diligence in the timely treatment and care of Plaintiffs' conditions, to-wit: timely order and/or timely perform delivery herein.
- k. To timely exercise reasonable skill and diligence and request or order general anesthesia so that the C-section could be done sooner and prevent further hypoxia and/or ischemia.
- l. To timely request a crew and anesthesia to come stat so that a stat C-section could be timely performed.
- m. To exercise reasonable skill and diligence to timely diagnose non reassuring fetal heart tones / patterns and/or fetal distress.
- n. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turning position, mother position.
- o. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics to stop contractions.
- p. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section so as to prevent hypoxia and/or ischemia from resulting in brain damage while the fetus remained in the uterus.
- q. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to recognize non-reassuring fetal heart tones.
- r. To timely exercise reasonable skill and diligence to recognize decreases and/or absence in fetal heart rate variability.
- s. To timely exercise reasonable skill and diligence to recognize fetal heart rate tachycardia.

- t. To timely exercise reasonable skill and diligence to recognize absence of fetal heart rate accelerations.
- u. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section and/or timely offer the patient the opportunity to have a C-section.
- v. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions.
- w. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, to-wit: fetal distress / non-reassuring fetal heart tones.
- x. To exercise reasonable skill and diligence to timely treat Plaintiffs' conditions.
- y. To exercise reasonable skill and diligence to timely diagnose late fetal heart rate decelerations and/or fetal heart rate variable decelerations on the fetal monitoring graph.
- z. To exercise reasonable skill and diligence to timely recognize decrease in fetal heart rate variability.
- aa. To exercise reasonable skill and diligence to timely deliver Plaintiff minor.
- bb. To exercise reasonable skill and diligence to timely request / order a general anesthesia so the delivery could be expedited herein.
- cc. To exercise reasonable skill and diligence to timely order and/or timely place a fetal scalp electrode and/or intrauterine pressure catheter to more accurately monitor the fetal heart rate and pattern and to more accurately monitor the strength of the contractions.
- dd. To exercise reasonable skill and diligence to follow Defendant hospital's guidelines and/or policies and/or procedures and/or protocol in the care and treatment of Plaintiff herein.
- ee. To timely perform and appreciate a thorough history and physical examination;

- ff. To timely recognize the signs and symptoms of fetal distress, non-reassuring fetal heart rate and/or patterns including, but not limited to, complaints of decreased fetal movement and/or minimal fetal heart rate variability and/or absent fetal heart rate variability and/or late decelerations and/or variable decelerations of the fetal heart rate and/or the absence of accelerations of the fetal heart rate and/or tachycardia and/or fetal tachycardia, which appeared on the fetal heart monitor tracing;
- gg. To timely take the appropriate action when fetal distress, non-reassuring fetal heart rate and/or patterns were identified, including immediately notifying the attending physician that he needs to come in to evaluate the mother's condition immediately and prep patient for a C-section, and ready and call for a crew, nurses, anesthesia and physicians for an impending C-section.
- hh. To timely and properly seek reassurance when it became apparent that the fetal heart rates and/or patterns were showing signs of distress, non-reassuring fetal heart rate and/or patterns, including but not limited to performing external stimulation, vibroacoustic stimulation and/or a scalp stimulation test;
- ii. To timely institute measures aimed at improving fetal oxygenation and placental perfusion, including but not limited to, repositioning mother, starting oxygen, and initiating / increasing IV fluid;
- jj. To exercise reasonable skill and diligence to timely recognize that if the vaginal delivery / birth was remote that a stat C-section was required before hypoxia and/or ischemia resulted in brain damage.

kk. To timely recognize that there were non-reassuring fetal heart rates and/or patterns, and immediately initiate a consultation for consideration of a C-section and/ or by using the chain of command;

ll. To timely utilize the chain of command to ensure that the mother received timely, adequate information to make an informed refusal or consent for a C-section.

mm. To timely exercise reasonable skill and diligence to timely have continuous and accurate electronic fetal monitoring of the fetal heart rate and/or contractions.

nn. To exercise reasonable skill and diligence to properly and adequately interpret the fetal monitoring graphs that showed fetal heart rate and/or contractions.

oo. To exercise reasonable skill and diligence to timely and periodically supervise and instruct residents and/or nurses in the care, treatment and monitoring of Plaintiffs.

BREACH BY DR. SANGEETA SINHA

80. That **Dr. Sangeeta Sinha, breached the aforementioned duties in at least one and possibly more of the following particulars, so far as it is presently known, by failing:**

- a. To exercise reasonable skill and diligence to timely request and timely demand the presence of a physician immediately to evaluate Plaintiffs.
- b. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones and/or fetal distress.
- c. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turn the mother's position.
- d. To exercise reasonable skill and diligence to timely and periodically, properly review and evaluate the fetal monitoring strip that was produced herein.

- e. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section.
- f. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics.
- g. To exercise reasonable skill and diligence to timely order and timely perform a Cesarean section.
- h. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to timely recognize non-reassuring fetal heart tones.
- i. To timely request and/or order the presence of a Neonatologist and/or Pediatrician and/or expert to be present for the delivery herein to resuscitate and care for the newborn Plaintiff.
- j. To exercise reasonable skill and diligence in the timely treatment and care of Plaintiffs' conditions, to-wit: timely order and/or timely perform delivery herein.
- k. To timely exercise reasonable skill and diligence and request or order general anesthesia so that the C-section could be done sooner and prevent further hypoxia and/or ischemia.
- l. To timely request a crew and anesthesia to come stat so that a stat C-section could be timely performed.
- m. To exercise reasonable skill and diligence to timely diagnose non-reassuring fetal heart tones / patterns and/or fetal distress.
- n. To exercise reasonable skill and diligence to timely order and/or timely perform intrauterine resuscitation with the administration of oxygen and IV hydration and/or turning position, mother position.
- o. To exercise reasonable skill and diligence to timely order and/or timely administer tocolytics to stop contractions.

- p. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section so as to prevent hypoxia and/or ischemia from resulting in brain damage while the fetus remained in the uterus.
- q. To exercise reasonable skill and diligence to timely and periodically review and/or timely evaluate properly the fetal monitoring graph that was produced herein to recognize non-reassuring fetal heart tones.
- r. To timely exercise reasonable skill and diligence to recognize decreases and/or absence in fetal heart rate variability.
- s. To timely exercise reasonable skill and diligence to recognize fetal heart rate tachycardia.
- t. To timely exercise reasonable skill and diligence to recognize absence of fetal heart rate accelerations.
- u. To exercise reasonable skill and diligence to timely order and/or timely perform a Cesarean section and/or timely offer the patient the opportunity to have a C-section.
- v. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions.
- w. To exercise reasonable skill and diligence to timely diagnose Plaintiffs' conditions, to-wit: fetal distress / non-reassuring fetal heart tones.
- x. To exercise reasonable skill and diligence to timely treat Plaintiffs' conditions.
- y. To exercise reasonable skill and diligence to timely diagnose late fetal heart rate decelerations and/or fetal heart rate variable decelerations on the fetal monitoring graph.
- z. To exercise reasonable skill and diligence to timely recognize decrease in fetal heart rate variability.
- aa. To exercise reasonable skill and diligence to timely deliver Plaintiff minor.

- bb. To exercise reasonable skill and diligence to timely request / order a general anesthesia so the delivery could be expedited herein.
- cc. To exercise reasonable skill and diligence to timely order and/or timely place a fetal scalp electrode and/or intrauterine pressure catheter to more accurately monitor the fetal heart rate and pattern and to more accurately monitor the strength of the contractions.
- dd. To exercise reasonable skill and diligence to follow Defendant hospital's guidelines and/or policies and/or procedures and/or protocol in the care and treatment of Plaintiff herein.
- ee. To timely perform and appreciate a thorough history and physical examination;
- ff. To timely recognize the signs and symptoms of fetal distress, non-reassuring fetal heart rate and/or patterns including, but not limited to, complaints of decreased fetal movement and/or minimal fetal heart rate variability and/or absent fetal heart rate variability and/or late decelerations and/or variable decelerations of the fetal heart rate and/or the absence of accelerations of the fetal heart rate and/or tachycardia and/or fetal tachycardia, which appeared on the fetal heart monitor tracing;
- gg. To timely take the appropriate action when fetal distress, non-reassuring fetal heart rate and/or patterns were identified, including immediately notifying the attending physician that he needs to come in to evaluate the mother's condition immediately and prep patient for a C-section, and ready and call for a crew, nurses, anesthesia and physicians for an impending C-section.
- hh. To timely and properly seek reassurance when it became apparent that the fetal heart rates and/or patterns were showing signs of distress, non-reassuring fetal heart rate and/or patterns, including but not

limited to performing external stimulation, vibroacoustic stimulation and/or a scalp stimulation test;

- ii. To timely institute measures aimed at improving fetal oxygenation and placental perfusion, including but not limited to, repositioning mother, starting oxygen, and initiating / increasing IV fluid;
- jj. To exercise reasonable skill and diligence to timely recognize that if the vaginal delivery / birth was remote that a stat C-section was required before hypoxia and/or ischemia resulted in brain damage.
- kk. To timely recognize that there were non-reassuring fetal heart rates and/or patterns, and immediately initiate a consultation for consideration of a C-section and/ or by using the chain of command;
- ll. To timely utilize the chain of command to ensure that the mother received timely, adequate information to make an informed refusal or consent for a C-section.
- mm. To timely exercise reasonable skill and diligence to timely have continuous and accurate electronic fetal monitoring of the fetal heart rate and/or contractions.
- nn. To exercise reasonable skill and diligence to properly and adequately interpret the fetal monitoring graphs that showed fetal heart rate and/or contractions.
- oo. To exercise reasonable skill and diligence to timely and periodically supervise and instruct residents and/or nurses in the care, treatment and monitoring of Plaintiffs.

81. Defendant United States of America is liable herein by virtue of its independent negligence and/or under the doctrine of RESPONDEAT SUPERIOR for the acts and/or omissions of its agents, servants, and/or employees, and other persons who rendered care, treatment or medical

services to Plaintiffs under some concession arrangement because of their apparent authority to be the agents, servants and/or employees of Defendant clinic.

82. Defendant United States of America is liable herein for negligence / malpractice under the doctrine of RESPONDEAT SUPERIOR for the acts and/or omissions of its agents, servants, and/or employees, and other persons who rendered care, treatment or medical services to Plaintiffs under some concession arrangement because of their apparent authority to be the agents, servants and/or employees of Defendant.

83. That at all times material herein, the injuries and/or damages suffered by the Plaintiffs were more probably than not proximately caused by the negligence/malpractice of the Defendant, United States of America, its agents, servants and/or employees, either real or ostensible.

VI.

PLAINTIFFS' DAMAGES

84. That Plaintiff, B.S., sustained personal injuries herein before and herein after alleged as a direct and proximate result of Defendant's agents, servants and/or employees, negligence and malpractice as herein alleged.

85. That as a direct and proximate result of the negligence and malpractice as herein alleged by Defendant's agents, servants and/or employees, either real or ostensible, as aforesaid, the injured Plaintiff, B.S.:

- A. sustained severe and permanent bodily injuries which were painful, disabling and necessitated medical care; and/or
- B. suffered shock, mental anguish, fright and emotional damage; and/or
- C. sustained possible aggravation of pre-existing conditions and/or reactivation of dormant conditions; and/or
- D. was and/or may continue to be unable to attend to his usual affairs, daily activities, including, but not limited to, household chores, and personal needs; and/or

- E. was and/or may continue to be unable to render services including, but not limited to, household chores, and personal needs; and/or
- F. hampered said Plaintiff in the enjoyment of the normal pursuit of life; and/or
- G. said injuries are permanent to the degree that Plaintiff suffered a loss in ability to earn money and will have impaired earning capacity in the future; and/or
- H. will continue to have pain and suffering in the future as well as permanent impairment and disabilities.
- I. said injuries are permanent and Plaintiff will continue to have said damages in the future; and/or
- J. any other damages which are applicable and which are recoverable pursuant to statute, case law and Michigan court rules.

86. That at all times material herein, Plaintiff, Lauren Sussex, was not at fault and/or was not negligent.

87. That at all times material herein, Plaintiff, B.S., was not at fault and/or was not negligent.

88. That at all times material herein, as a direct and proximate result of the negligence of Defendant's agents, servants and/or employees, either real or ostensible:

- A. Plaintiff, B.S., has motor function impairment resulting in a total permanent functional loss of one or more limbs caused by injury to the brain and/or injury and/or
- B. Plaintiff, B.S., has permanently impaired cognitive capacity rendering him incapable of making independent, responsible life decisions and permanently incapable of independently performing the activities of normal daily living.

89. That as a direct and proximate result of the negligence / malpractice as herein alleged of Defendant's agents, servants and/or employees, either real or ostensible, the injured Plaintiff, B.S., suffered and/or will continue to suffer damages, both past and future, permitted under the law, including, but not limited to, one or more of the following: attendant care, medical expenses, medical supplies, medicine and equipment, hospital expenses, nursing home expenses, loss of wages, loss of ability to work, loss of ability to care for self needs, loss of ability to care for family members, impaired earning capacity, past miscellaneous expenses, loss of ability to care for household needs, future miscellaneous expenses, loss of insurance benefits, loss of benefits, vocational rehabilitation expenses, special education expenses, home modification expenses, transportation expenses, supervision and any and all other damages which are applicable and are recoverable pursuant to the statutes of the United States of America, the State of Michigan, case law and court rules.
90. That as a direct and proximate result of the negligence / malpractice of the Defendant's servants, agents and/or employees, either real or ostensible, and the resulting injuries to Plaintiff, B.S., Plaintiff did and may continue to incur expenses for hospitals, doctors, diagnostic tests, medical procedures, therapies, x-rays, medicines and other medical supplies, equipment, attention, rehabilitation, nursing, and attendant care.
91. That as a direct and proximate result of the negligence and malpractice of the Defendant's servants, agents and/or employees, either real or ostensible, and the resulting injuries to Plaintiff, Plaintiff's mother did and may continue to incur expenses for hospitals, doctors, diagnostic tests, medical procedures, therapies, x-rays, medicines and other medical supplies, attention, rehabilitation, nursing, and attendant care.
92. That Lauren Sussex is the mother of B.S.
93. That Plaintiff mother Lauren Sussex witnessed the infliction of tortuous injuries upon her child by Defendant's servants, agents and/or employees and suffered from adverse consequential effects there from due to the negligence and malpractice of the Defendant's agents, servants and/or employees, either real or ostensible, including severe emotional, nervous, and mental disturbances resulting in headaches, depression, and permanent emotional and nervous disturbances.

94. That as a direct and proximate result of the negligence and malpractice of Defendant's agents, servants and/or employees, either real or ostensible, and the resulting injuries to Plaintiff, B.S., Plaintiff's mother did and/or may continue to incur expenses for and/or perform services, including, but not limited to, nursing services, attendant care, household chores, personal services, and personal care.
95. That attached hereto and incorporated by reference herein is a statement from **Medicaid** showing amounts paid for medical care rendered to B.S. **(Ex A)**
96. That attached hereto and incorporated by reference herein is a statement from **First Recovery Group** showing amounts paid by Meridian Health Plan for medical care rendered to B.S. **(Ex B)**
97. That Plaintiff, Lauren Sussex has been appointed by the United States District Court for the Eastern District of Michigan as Next Friend for Plaintiff, B.S. a minor, born on 7/5/2012.

WHEREFORE, Plaintiffs respectfully request that the Court grant judgment against Defendant, jointly and severally, in whatever amount Plaintiffs are found to be entitled to compensatory damages; and for penalties, and Plaintiffs' actual attorney fees, plus interests and costs.

THE THURSWELL LAW FIRM, P.L.L.C.

/s/ ARDIANA CULAJ

By: ARDIANA CULAJ (P71553)
For the Firm
Attorney for Plaintiffs
1000 Town Center, Suite 500
Southfield, MI 48075
(248) 354-2222

Dated: 2/13/15

THE THURSWELL LAW FIRM, P.L.L.C.
Attorneys at Law
1000 TOWN CENTER
SUITE 500
Southfield, Michigan 48075-1221
(248) 354-2222

State of Illinois)
County of Cook))SS:

AFFIDAVIT OF MERIT OF HEALTH CARE PROFESSIONAL

Dr. Jeffrey Wener, being first duly sworn, deposes and states the following:

1. I am a licensed health care professional. I am board certified in OB/GYN.
2. I certify that I have reviewed the Notice of Intent to File Claim and the statements set forth in the Notice are within my area of specialty and were on the date of the malpractice, and one year prior to the dates of the alleged malpractice.
3. I also certify that I have reviewed all of the medical records supplied to me by the Plaintiffs' attorney which concern the allegations contained in the Notice of Intent to File Claim.
4. Lauren Sussex was a 22-year-old, with her first pregnancy, with a due date of 6/28/12. Lauren Sussex had an uneventful prenatal course at the Center for Family Health. At 41 weeks gestation, she was admitted to Allegiance Health Center for induction of labor on July 5, 2012. She was initially treated with one dose of Misoprostol 25 micrograms at approximately 8:30 in the morning. At approximately 9:52 a.m., a spontaneous rupture of membranes occurred with clear fluid identified. There were reassuring fetal heart tones up until approximately n 12:38 p.m., when the fetal heart tones showed a decreased fetal heart rate variability which lasted for approximately over one hour. The record indicates "fetal heart rate variability became extremely diminished to absent, lasting close to one hour." P29-30, Allegiance Hospital.

The attending physician, Dr. Dana Virgo, examined the patient at 1:38pm and found her to be 3 cm dilated, 70% effaced and a -2 station. At 1:42 pm, fetal heart tones reflected tachycardia in the 160s. At 2:48 p.m., a prolonged fetal heart rate deceleration occurred followed by late fetal heart rate decelerations and variable fetal heart rate decelerations. At 3:34 p.m., anesthesia was called regarding a cesarean section. The record also indicates: "Fetal heart tones with ongoing poor variability, late decelerations, no response to fetal scalp stimulation now. Plan: C-section for non-reassuring fetal heart tones, remote from delivery, risks / benefits of surgery explained to patient. 7/5/12 3:50 p.m. Dr. Dana Virgo, MD." P45 At 4:02 p.m., the electronic fetal monitor was discontinued and at 4:34 pm, Lauren Sussex delivered an infant female (B.S.) with Apgar scores of 0/0, at one minute and five minutes respectively, weighing 7 pounds and 6 ounces. While the in the nursery, baby B.S. was diagnosed hypoxic-ischemic encephalopathy.

Prior to 7/5/12 at approximately 12:38 p.m., the fetal heart tones were essentially reassuring. However, at about 12:38 pm, the fetal heart tones and patterns became non-reassuring. It was evident that at about 12:38 p.m., the fetal heart rate variability diminished significantly for well over an hour, and that this was documented in the medical record. At 1:42 p.m., she began developing fetal tachycardia. At 2:48 pm, she had a prolonged deceleration followed by late fetal heart rate decelerations and variable fetal heart rate decelerations as well as continued fetal heart rate tachycardia.

The standard of practice required that Dr. Virgo, OB/GYN and Dr. Sangeeta Sinha timely recognize and timely respond to non-reassuring fetal heart tones as described above, fetal heart rate diminished variability, the fetal heart rate tachycardia, fetal heart rate late decelerations and the fetal heart rate variable decelerations. The standard of practice required that Dr. Virgo and Dr. Sinha timely and properly interpret the fetal monitoring graphs as showing the non-reassuring fetal heart tones, diminished to absent fetal heart rate variability, fetal heart rate tachycardia, and fetal heart rate variable and late decelerations. The standard of practice of Dr. Virgo and Dr. Sinha required that they order a stat cesarean section at about 1:45 p.m., when the fetal tachycardia began after having had 1 hour of significantly diminished fetal heart rate variability. The standard of practice required that baby B.S. be delivered within 30 minutes of the calling of the stat cesarean section at 1:45 pm.

Had the standard of practice been met as described above, and the baby B.S. delivered at the latest by 3:30 p.m. on 7/5/12, to a reasonable degree of medical certainty, baby B.S. would be normal today and would not suffer from the hypoxic-ischemic encephalopathy, developmental delays, neurological deficits, mental retardation, cerebral palsy, and seizures.

That from approximately 12:38 pm to 4:30 p.m., on 7/5/12, there were non-reassuring fetal heart tones. That the failure to timely recognize the non-reassuring fetal heart tones as described above, timely order a stat cesarean section, and the failure to deliver baby B.S. at the latest by 3:30 pm. resulted in baby B.S.'s brain receiving progressive and cumulative insufficient amounts of

oxygen-rich blood and the baby B.S. suffered brain damage as a result of oxygen deprivation.

5. I have been advised by Plaintiffs' attorney that Dr. Dana Virgo and/or Dr. Sangeeta Sinha may have been "employees and/or agents" of the federal government at the time of the malpractice. However, that is of no consequence to any of my opinions herein. Regardless of whether Dr. Virgo and Dr. Sinha were employees and/or agents of the federal government, it is my understanding they were both board-certified in OB/GYN at the time of the malpractice. As such, my opinions herein on the standard of practice of Dr. Virgo and Dr. Sinha's profession as OB/GYNs remain the same regardless of whether Dr. Virgo and Dr. Sinha were government employees or not.
6. My opinions in this Affidavit of Merit are preliminary and are based upon the specific information contained in the medical records in this particular case provided to me prior to signing this Affidavit of Merit. As additional information is obtained through additional medical records and throughout the course of discovery, including depositions, I reserve the right to modify and/or alter and/or change my opinions. The opinions expressed herein are based solely on the medical records supplied to me, as well as my knowledge, training, skill and experience. The above is meant to serve as a summary of my opinions, and may not include each and every opinion I have formulated.
7. That this is a meritorious case.

Further, affiant saith not.



Dr. Jeffrey Wener

Subscribed and sworn to before me this
24th day of JANUARY, 2015.



Courtney Sacamano

Notary Public
County: COOK
My Commission Expires: 6-5-17

EXHIBIT

A

Michigan Department of Community Health
PO Box 30435
Lansing MI 48909-7979



February 4, 2015

Gerald Thurswell
1000 Town Ctr Ste 500
Southfield, MI 48075

D/I: July 5, 2012
Recipient: BROOKLYNN STILES
Medicaid ID#: 1086194673
Amount: \$30,094.86

Dear Mr. Thurswell:

The Michigan Department of Community Health periodically reviews cases to determine if additional related claims have been paid. Review of this case revealed additional itemized payments. The updated amount of Medicaid's subrogation interest is \$30,094.86. If the beneficiary has been enrolled in a Medicaid Managed Care Plan, the plan is identified below and should be contacted directly regarding its interest. Please note that Medicaid and Medicaid Managed Care Plans are separate entities; **their subrogation interests must be resolved separately.**

Please contact our office prior to the conclusion of your case to discuss Medicaid reimbursement.

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,



Spring McKeever
Third Party Liability Division
Telephone: (517) 373-4636

Save Paper, Time and Money! Use MiNotifyTPL to submit your requests to MDCH. Visit us at Michigan.gov/MiNotifyTPL.

Health Plans:

Meridian Health (HAP)
777 Woodward Ave, Suite 600
Detroit, MI 48226

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1689600975 **HURON VALLEY AMBULANCE**

TCN: 311221510076246000 **Ambulance**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
002	07/05/2012	78009	OTHER ALTER CONSCIOUSNES
		78039	CONVULSIONS NEC
		4275	CARDIAC ARREST

HC **GROUND MILEAGE, PER STATUTE MILE**

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311222110038742000 **Inpatient**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
	07/05/2012	76873	Severe hypoxic-ischemic encephalopathy
		243	CONGENITAL HYPOTHYROIDISM
		7790	CONVULSIONS IN NEWBORN
		9672	CONT MECH VENT 96+ HRS
		3891	ARTERIAL CATHETERIZATION
		3893	VENOUS CATH NEC
Procedures			0390,0611,0200,0471,0300,0200,0270,0460,0424,0421,0615,0730,0740,0320,0434,0258,0410,025 0,0431,0921

1447275102 **REGENTS OF UNIV OF MICH**

TCN: 311227510029851000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/05/2012	77084	RESP FAILURE OF NEWBORN
			HC CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR
002	07/05/2012	77084	RESP FAILURE OF NEWBORN
			HC CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DI

1689600975 **HURON VALLEY AMBULANCE**

TCN: 311221510076246000 **Ambulance**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID	1086194673	BIRTH DATE	INJURY DATE/NO
RECIPIENT NAME	BROOKLYNN STILES	07/05/2012	07/05/2012 / 1

1689600975 HURON VALLEY AMBULANCE

TCN: 311221510076246000 Ambulance

Line # Begin DOS Dx/Proc Dx/Proc Description

001	07/05/2012	78009 OTHER ALTER CONSCIOUSNES	Paid: \$ 191.88
		78039 CONVULSIONS NEC	
		4275 CARDIAC ARREST	

HC AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMER

1871528026 REGENTS OF UNIV OF MICH

TCN: 311229710053679000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

002	07/05/2012	V5881 FIT/ADJ VASCULAR CATHETR	Paid: \$ 9.88
		V5882 FIT/ADJ NON-VSC CATH NEC	

HC RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA

001	07/05/2012	V5881 FIT/ADJ VASCULAR CATHETR	Paid: \$ 9.88
		V5882 FIT/ADJ NON-VSC CATH NEC	

HC RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOS

1295736015 JACKSON RADIOLOGY CONSULTANTS

TCN: 311229910074752000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001	07/05/2012	769 RESPIRATORY DISTRESS SYN	Paid: \$ 4.94
		V5881 FIT/ADJ VASCULAR CATHETR	

HC RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA

002	07/05/2012	769 RESPIRATORY DISTRESS SYN	Paid: \$ 4.94
		V5881 FIT/ADJ VASCULAR CATHETR	

HC RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID	1086194673	BIRTH DATE	07/05/2012	INJURY DATE/NO	07/05/2012 / 1
RECIPIENT NAME	BROOKLYNN STILES				

1831123728 PEDIATRIC HOSP SRVCS FOOTE HOS

TCN: 311228910025351000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	\$
002	07/05/2012	77012	MECONIUM ASP W RESP SYMP	Paid:	478.15
		77089	RESP PROB AFTER BRTH NEC		
		7611	PREMAT RUPT MEMB AFF NB		
		HC	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY,		
003	07/05/2012	77012	MECONIUM ASP W RESP SYMP	Paid:	125.96
		77089	RESP PROB AFTER BRTH NEC		
		7611	PREMAT RUPT MEMB AFF NB		
		HC	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION O		

1831123728 PEDIATRIC HOSP SRVCS FOOTE HOS

TCN: 311302410007847000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	\$
001	07/05/2012	V3001	SINGLE LB IN-HOSP W CS	Paid:	60.41
		77012	MECONIUM ASP W RESP SYMP		
		77089	RESP PROB AFTER BRTH NEC		
		HC	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE		

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220710053169000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	\$
001	07/06/2012	77084	RESP FAILURE OF NEWBORN	Paid:	478.15
		2762	ACIDOSIS		
		7429	NERVOUS SYSTEM ANOM NOS		
		HC	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY,		

1255365862 REGENTS OF UNIV OF MICH

TCN: 311313510042114000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 BIRTH DATE 07/05/2012 INJURY DATE/NO
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1255365862 REGENTS OF UNIV OF MICH

TCN: 311313510042114000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/06/2012	78039	CONVULSIONS NEC

Paid:	\$ 89.93
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HC MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FO

1871528026 REGENTS OF UNIV OF MICH

TCN: 311221610027351000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/06/2012	51289	Other pneumothorax
		V5882	FIT/ADJ NON-VSC CATH NEC

Paid:	\$ 14.82
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HC RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA

1255365862 REGENTS OF UNIV OF MICH

TCN: 311220810012375000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/06/2012	7429	NERVOUS SYSTEM ANOM NOS
		78039	CONVULSIONS NEC

Paid:	\$ 82.21
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HC Initial hospital inpatient care, typically 70 minu

1255365862 REGENTS OF UNIV OF MICH

TCN: 311313510042127000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/07/2012	78039	CONVULSIONS NEC

Paid:	\$ 89.93
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HC MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FO

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220910026839000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220910026839000 **Professional**

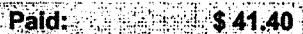
Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/07/2012	77084	RESP FAILURE OF NEWBORN
		2764	MIXED ACID-BASE BAL DIS
		7429	NERVOUS SYSTEM ANOM NOS
HC		<i>SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER D</i>	

Paid:  \$208.38

1255365862 REGENTS OF UNIV OF MICH

TCN: 311220810012375000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
002	07/07/2012	7429	NERVOUS SYSTEM ANOM NOS
		78039	CONVULSIONS NEC
HC		<i>Subsequent hospital inpatient care, typically 35 m</i>	

Paid:  \$41.40

1871528026 REGENTS OF UNIV OF MICH

TCN: 311312111660969000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/08/2012	78609	RESPIRATORY ABNORM NEC
HC		<i>RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA</i>	

Paid:  \$4.94

1255365862 REGENTS OF UNIV OF MICH

TCN: 311220810012375000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
003	07/08/2012	7429	NERVOUS SYSTEM ANOM NOS
		78039	CONVULSIONS NEC
HC		<i>Subsequent hospital inpatient care, typically 35 m</i>	

Paid:  \$41.40

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1255365862 REGENTS OF UNIV OF MICH

TCN: 311313510042132000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/08/2012 78039 CONVULSIONS NEC

Paid: \$ 89.93

HC MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FO

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013567000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/08/2012 77084 RESP FAILURE OF NEWBORN

Paid: \$ 208.38

2764 MIXED ACID-BASE BAL DIS

7429 NERVOUS SYSTEM ANOM NOS

HC SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER D

1255365862 REGENTS OF UNIV OF MICH

TCN: 311313510042137000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/09/2012 78039 CONVULSIONS NEC

Paid: \$ 89.93

HC MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FO

1255365862 REGENTS OF UNIV OF MICH

TCN: 311220810012364000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/09/2012 78039 CONVULSIONS NEC

Paid: \$ 108.54

7429 NERVOUS SYSTEM ANOM NOS

HC CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CR

1871528026 REGENTS OF UNIV OF MICH

TCN: 311312111660980000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1871528026 REGENTS OF UNIV OF MICH

TCN: 311312111660980000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/09/2012 51289 Other pneumothorax

Paid:  **\$4.94**

HC RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013549000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/09/2012 77084 RESP FAILURE OF NEWBORN

Paid:  **\$208.38**

77088 NB HYPOXIA

7429 NERVOUS SYSTEM ANOM NOS

HC SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER D

1255365862 REGENTS OF UNIV OF MICH

TCN: 311220810012364000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

003 07/10/2012 78039 CONVULSIONS NEC

Paid:  **\$108.54**

7429 NERVOUS SYSTEM ANOM NOS

HC CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CR

1255365862 REGENTS OF UNIV OF MICH

TCN: 311313510042120000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/10/2012 78039 CONVULSIONS NEC

Paid:  **\$89.93**

HC MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FO

1871528026 REGENTS OF UNIV OF MICH

TCN: 311312111661003000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO** 07/05/2012 / 1

RECIPIENT NAME BROOKLYNN STILES

1871528026 **REGENTS OF UNIV OF MICH**

TCN: 311312111661003000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/10/2012	78605	SHORTNESS OF BREATH

Paid:  **\$ 4.94**

HC **RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTA**

1518991413 **REGENTS OF UNIV OF MICH**

TCN: 311220810013549000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
002	07/10/2012	77084	RESP FAILURE OF NEWBORN
		77088	NB HYPOXIA
		7429	NERVOUS SYSTEM ANOM NOS

Paid:  **\$ 208.38**

HC **SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER D**

1083649354 **REGENTS OF UNIV OF MICH**

TCN: 311312810018524000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
002	07/10/2012	9049	BLOOD VESSEL INJURY NOS
		7859	CARDIOVAS SYS SYMP NEC

Paid:  **\$ 12.48**

HC **DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE**

001	07/10/2012	9049	BLOOD VESSEL INJURY NOS
		7859	CARDIOVAS SYS SYMP NEC

Paid:  **\$ 11.10**

HC **DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERI**

1518991413 **REGENTS OF UNIV OF MICH**

TCN: 311220810013549000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO** 07/05/2012 / 1
RECIPIENT NAME BROOKLYNN STILES

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013549000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
003	07/11/2012	77084	RESP FAILURE OF NEWBORN
		77088	NB HYPOXIA
		7429	NERVOUS SYSTEM ANOM NOS

HC *SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER D*

Paid:  \$ 208.38

1255365862 REGENTS OF UNIV OF MICH

TCN: 311302910466673000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/11/2012	78039	CONVULSIONS NEC
		76870	Hypoxic-ischemic encephalopathy, unspecified
		78061	FEVER IN OTHER DISEASES

HC *Subsequent hospital inpatient care, typically 35 m*

Paid:  \$ 41.40

1871528026 REGENTS OF UNIV OF MICH

TCN: 311312111660992000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
002	07/12/2012	7678	BIRTH TRAUMA NEC

HC *MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRA*

Paid:  \$ 32.49

001 07/12/2012 7678 BIRTH TRAUMA NEC

Paid:  \$ 64.18

HC *MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (IN*

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013549000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 BIRTH DATE 07/05/2012 INJURY DATE/NO
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013549000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

004 07/12/2012 77084 RESP FAILURE OF NEWBORN
77088 NB HYPOXIA
7429 NERVOUS SYSTEM ANOM NOS

HC SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER D

005 07/13/2012 77084 RESP FAILURE OF NEWBORN
77088 NB HYPOXIA
7429 NERVOUS SYSTEM ANOM NOS

HC SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU

Paid: \$208.38

Paid: \$64.18

1255365862 REGENTS OF UNIV OF MICH

TCN: 311302910466673000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

002 07/13/2012 78039 CONVULSIONS NEC
76870 Hypoxic-ischemic encephalopathy, unspecified
78061 FEVER IN OTHER DISEASES

HC CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CR

Paid: \$108.54

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013549000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

006 07/14/2012 77084 RESP FAILURE OF NEWBORN
77088 NB HYPOXIA
7429 NERVOUS SYSTEM ANOM NOS

HC SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU

Paid: \$64.18

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013572000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1518991413 **REGENTS OF UNIV OF MICH**

TCN: 311220810013572000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	
001	07/15/2012	77084	RESP FAILURE OF NEWBORN	Paid: \$ 64.18
		7429	NERVOUS SYSTEM ANOM NOS	
HC		<i>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU</i>		

1518991413 **REGENTS OF UNIV OF MICH**

TCN: 311220810013549000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	
007	07/16/2012	77084	RESP FAILURE OF NEWBORN	Paid: \$ 64.18
		77088	NB HYPOXIA	
		7429	NERVOUS SYSTEM ANOM NOS	
HC		<i>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU</i>		

1255365862 **REGENTS OF UNIV OF MICH**

TCN: 311302910466673000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	
003	07/16/2012	78039	CONVULSIONS NEC	Paid: \$ 29.11
		76870	Hypoxic-ischemic encephalopathy, unspecified	
		78061	FEVER IN OTHER DISEASES	
HC		<i>Subsequent hospital inpatient care, typically 25 m</i>		

1255365862 **REGENTS OF UNIV OF MICH**

TCN: 311220810012364000 **Professional**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1255365862 REGENTS OF UNIV OF MICH

TCN: 311220810012364000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description		
005	07/17/2012	78039	CONVULSIONS NEC	Paid:	\$29.11
		7429	NERVOUS SYSTEM ANOM NOS		
		HC	<i>Subsequent hospital inpatient care, typically 25 m</i>		

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013549000 Professional

Line #	Begin DOS	Dx/Proc	Dx/Proc Description		
008	07/17/2012	77084	RESP FAILURE OF NEWBORN	Paid:	\$64.18
		77088	NB HYPOXIA		
		7429	NERVOUS SYSTEM ANOM NOS		
		HC	<i>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU</i>		
009	07/18/2012	77084	RESP FAILURE OF NEWBORN	Paid:	\$64.18
		77088	NB HYPOXIA		
		7429	NERVOUS SYSTEM ANOM NOS		
		HC	<i>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU</i>		
010	07/19/2012	77084	RESP FAILURE OF NEWBORN	Paid:	\$64.18
		77088	NB HYPOXIA		
		7429	NERVOUS SYSTEM ANOM NOS		
		HC	<i>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU</i>		
011	07/20/2012	77084	RESP FAILURE OF NEWBORN	Paid:	\$64.18
		77088	NB HYPOXIA		
		7429	NERVOUS SYSTEM ANOM NOS		
		HC	<i>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU</i>		

1518991413 REGENTS OF UNIV OF MICH

TCN: 311220810013563000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1518991413 **REGENTS OF UNIV OF MICH**

TCN: 311220810013563000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/21/2012	7429	NERVOUS SYSTEM ANOM NOS
		33523	PSEUDOBULBAR PALSY
		77931	Feeding problems in newborn

HC **SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU**

Paid:  \$ 64.18

1518991413 **REGENTS OF UNIV OF MICH**

TCN: 311221610024543000 **Professional**

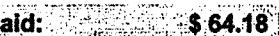
Line #	Begin DOS	Dx/Proc	Dx/Proc Description
001	07/23/2012	76870	Hypoxic-ischemic encephalopathy, unspecified
		7790	CONVULSIONS IN NEWBORN
		7677	NERVE INJ NEC AT BIRTH

HC **SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU**

Paid:  \$ 64.18

002	07/24/2012	76870	Hypoxic-ischemic encephalopathy, unspecified
		7790	CONVULSIONS IN NEWBORN
		7677	NERVE INJ NEC AT BIRTH

HC **SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU**

Paid:  \$ 64.18

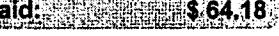
003	07/25/2012	76870	Hypoxic-ischemic encephalopathy, unspecified
		7790	CONVULSIONS IN NEWBORN
		7677	NERVE INJ NEC AT BIRTH

HC **SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU**

Paid:  \$ 64.18

004	07/26/2012	76870	Hypoxic-ischemic encephalopathy, unspecified
		7790	CONVULSIONS IN NEWBORN
		7677	NERVE INJ NEC AT BIRTH

HC **SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU**

Paid:  \$ 64.18

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1518991413 REGENTS OF UNIV OF MICH

TCN: 311221610024543000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

005	07/27/2012	76870 Hypoxic-ischemic encephalopathy, unspecified	Paid:	\$ 64.18
		7790 CONVULSIONS IN NEWBORN		
		7677 NERVE INJ NEC AT BIRTH		

HC SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU

1518991413 REGENTS OF UNIV OF MICH

TCN: 311221610024559000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001	07/28/2012	76870 Hypoxic-ischemic encephalopathy, unspecified	Paid:	\$ 64.18
		7677 NERVE INJ NEC AT BIRTH		
		77931 Feeding problems in newborn		

HC SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU

1518991413 REGENTS OF UNIV OF MICH

TCN: 311224410033118000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001	07/29/2012	76870 Hypoxic-ischemic encephalopathy, unspecified	Paid:	\$ 64.18
		7677 NERVE INJ NEC AT BIRTH		
		77931 Feeding problems in newborn		

HC SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALU

1326096629 REGENTS UNIV OF MICHIGAN - HOMEMED

TCN: 311224210093290000 Med Supplies/DME/P&O and Contractors

Line # Begin DOS Dx/Proc Dx/Proc Description

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1326096629 REGENTS UNIV OF MICHIGAN - HOMEMED

TCN: 311224210093290000 Med Supplies/DME/P&O and Contractors

Line # Begin DOS Dx/Proc Dx/Proc Description

002 07/30/2012 78720 DYSPHAGIA NOS **Paid: \$ 26.24**

76870 Hypoxic-ischemic encephalopathy, unspecified

HC NASOGASTRIC TUBING WITH STYLET

003 07/30/2012 78720 DYSPHAGIA NOS

Paid: \$ 24.21

76870 Hypoxic-ischemic encephalopathy, unspecified

HC GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERI

1154427789 Preferred Providers Inc.

TCN: 211226410058811000 Home Health

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/30/2012 78342 DELAYED MILESTONES **Paid: \$ 80.98**

DIRECT SKILLED NURSING SERVICES OF A LICENSED NURS

1326096629 REGENTS UNIV OF MICHIGAN - HOMEMED

TCN: 311222310153849000 Med Supplies/DME/P&O and Contractors

Line # Begin DOS Dx/Proc Dx/Proc Description

002 07/30/2012 78720 DYSPHAGIA NOS **Paid: \$ 9.49**

76870 Hypoxic-ischemic encephalopathy, unspecified

HC IV POLE

1326096629 REGENTS UNIV OF MICHIGAN - HOMEMED

TCN: 311224210093290000 Med Supplies/DME/P&O and Contractors

Line # Begin DOS Dx/Proc Dx/Proc Description

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 BIRTH DATE 07/05/2012 INJURY DATE/NO
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1326096629 REGENTS UNIV OF MICHIGAN - HOMEMED

TCN: 311224210093290000 Med Supplies/DME/P&O and Contractors

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/30/2012 78720 DYSPHAGIA NOS
76870 Hypoxic-ischemic encephalopathy, unspecified

HC ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, IN

Paid: \$129.54

Paid: \$65.90

1326096629 REGENTS UNIV OF MICHIGAN - HOMEMED

TCN: 311222310153849000 Med Supplies/DME/P&O and Contractors

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/30/2012 78720 DYSPHAGIA NOS
76870 Hypoxic-ischemic encephalopathy, unspecified

HC ENTERAL NUTRITION INFUSION PUMP - WITH ALARM

Paid: \$65.90

1518991413 REGENTS OF UNIV OF MICH

TCN: 311224410033124000 Professional

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/30/2012 76873 Severe hypoxic-ischemic encephalopathy
5121 IATROGENIC PNEUMOTHORAX

HC HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR

Paid: \$37.04

1003878539 UNIVERSITY OF MICHIGAN

TCN: 311224210081832000 Outpatient OPPS

Line # Begin DOS Dx/Proc Dx/Proc Description

001 07/31/2012 76870 Hypoxic-ischemic encephalopathy, unspecified
77931 Feeding problems in newborn

HC Established patient office or other outpatient, vi

Paid: \$72.18

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1033143623 **REGENTS OF UNIV OF MICH**

TCN: 311221510069300000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	07/31/2012	76870	Hypoxic-ischemic encephalopathy, unspecified	Paid:	\$74.67
		77931	Feeding problems in newborn		
		HC	<i>New patient office or other outpatient visit, typi</i>		

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311224710003480000 **Outpatient OPPS**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	08/07/2012	7810	ABN INVOLUN MOVEMENT NEC	Paid:	\$72.18
		HC	<i>Established patient office or other outpatient, vi</i>		

1790719532 **REGENTS OF UNIV OF MICH**

TCN: 311222210055887000 **Professional**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	08/07/2012	7810	ABN INVOLUN MOVEMENT NEC	Paid:	\$74.67
		HC	<i>New patient office or other outpatient visit, typi</i>		

1154427789 **Preferred Providers Inc.**

TCN: 211226410064449000 **Home Health**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	08/08/2012	78342	DELAYED MILESTONES	Paid:	\$30.98

DIRECT SKILLED NURSING SERVICES OF A LICENSED NURS

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311235610208308000 **Outpatient OPPS**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

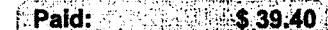
RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311235610208308000 **Outpatient OPPS**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

002 08/14/2012 3159 DEVELOPMENT DELAY NOS

Paid:  \$ 39.40

7810 ABN INVOLUN MOVEMENT NEC

78340 LACK NORM PHYSIO DEV NOS

HC **PHYSICAL THERAPY EVALUATION**

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311224810067135000 **Outpatient OPPS**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

001 08/14/2012 7833 FEEDING PROBLEM

Paid:  \$ 52.65

76870 Hypoxic-ischemic encephalopathy, unspecified

HC **Established patient office or other outpatient, vi**

1033143623 **REGENTS OF UNIV OF MICH**

TCN: 311222910048059000 **Professional**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

001 08/14/2012 7833 FEEDING PROBLEM

Paid:  \$ 30.91

76870 Hypoxic-ischemic encephalopathy, unspecified

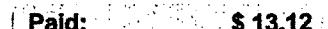
HC **Established patient office or other outpatient, vi**

1326096629 **REGENTS UNIV OF MICHIGAN - HOMEMED**

TCN: 311227010044392000 **Med Supplies/DME/P&O and Contractors**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

002 08/28/2012 78720 DYSPHAGIA NOS

Paid:  \$ 13.12

76870 Hypoxic-ischemic encephalopathy, unspecified

HC **NASOGASTRIC TUBING WITH STYLET**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1326096629 **REGENTS UNIV OF MICHIGAN - HOMEMED**

TCN: 311227010044392000 **Med Supplies/DME/P&O and Contractors**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	08/28/2012	78720	DYSPHAGIA NOS	Paid:	\$ 213.36
		76870	Hypoxic-ischemic encephalopathy, unspecified		
		HC	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, IN		
003	08/28/2012	78720	DYSPHAGIA NOS	Paid:	\$ 43.68
		76870	Hypoxic-ischemic encephalopathy, unspecified		
		HC	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERI		

1154427789 **Preferred Providers Inc.**

TCN: 211230710007091000 **Home Health**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	08/29/2012	78342	DELAYED MILESTONES	Paid:	\$ 80.98

DIRECT SKILLED NURSING SERVICES OF A LICENSED NURS

1326096629 **REGENTS UNIV OF MICHIGAN - HOMEMED**

TCN: 311225610070956000 **Med Supplies/DME/P&O and Contractors**

Line #	Begin DOS	Dx/Proc	Dx/Proc Description	Paid:	Amount
001	08/30/2012	78720	DYSPHAGIA NOS	Paid:	\$ 65.90
		76870	Hypoxic-ischemic encephalopathy, unspecified		
		HC	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311235610208308000 **Outpatient OPPS**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO** 07/05/2012 / 1
RECIPIENT NAME BROOKLYNN STILES

1003878539 **UNIVERSITY OF MICHIGAN**

TCN: 311235610208308000 **Outpatient OPPS**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

001 08/30/2012 3159 DEVELOPMENT DELAY NOS
 7810 ABN INVOLUN MOVEMENT NEC
 78340 LACK NORM PHYSIO DEV NOS

HC **THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIEN**

Paid: **\$ 64.42**

1326096629 **REGENTS UNIV OF MICHIGAN - HOMEMED**

TCN: 311225610070956000 **Med Supplies/DME/P&O and Contractors**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

002 08/30/2012 78720 DYSPHAGIA NOS
 76870 Hypoxic-ischemic encephalopathy, unspecified

HC **IV POLE**

Paid: **\$ 9.49**

1154427789 **Preferred Providers Inc.**

TCN: 211226410064449000 **Home Health**

Line # **Begin DOS** **Dx/Proc** **Dx/Proc Description**

002 08/31/2012 78342 DELAYED MILESTONES

Paid: **\$ 80.98**

DIRECT SKILLED NURSING SERVICES OF A LICENSED NURS

1750303426 **TARGET STORE T-0673**

TCN: P61234910057962000 **Pharmacy (N/A)**

Line # **Begin DOS**

001 12/14/2012

Paid: **\$ 5.12**

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61300710112084000 **Pharmacy (N/A)**

Line # **Begin DOS**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 BIRTH DATE INJURY DATE/NO
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 07/05/2012 / 1

1750303426 TARGET STORE T-0673

TCN: P61300710112084000 Pharmacy (N/A)

Line # Begin DOS

001 01/07/2013

Paid: \$5.12

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61302310157450000 Pharmacy (N/A)

Line # Begin DOS

001 01/23/2013

Paid: \$6.98

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61305010125502000 Pharmacy (N/A)

Line # Begin DOS

001 02/19/2013

Paid: \$7.40

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61307810113108000 Pharmacy (N/A)

Line # Begin DOS

001 03/19/2013

Paid: \$7.40

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61310910039173000 Pharmacy (N/A)

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

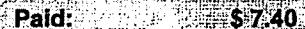
RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1750303426 **TARGET STORE T-0673**

TCN: P61310910039173000 Pharmacy (N/A)

Line # Begin DOS

001 04/19/2013

Paid:  **\$7.40**

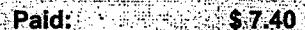
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61313310099562000 Pharmacy (N/A)

Line # Begin DOS

001 05/13/2013

Paid:  **\$7.40**

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61315810051964000 Pharmacy (N/A)

Line # Begin DOS

001 06/07/2013

Paid:  **\$7.40**

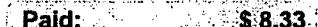
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61317710158175000 Pharmacy (N/A)

Line # Begin DOS

001 06/26/2013

Paid:  **\$8.33**

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61320010042359000 Pharmacy (N/A)

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

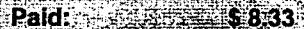
RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1750303426 **TARGET STORE T-0673**

TCN: P61320010042359000 **Pharmacy (N/A)**

Line # Begin DOS

001 07/19/2013

Paid:  \$ 8.33

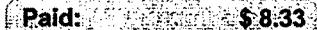
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61322110028332000 **Pharmacy (N/A)**

Line # Begin DOS

001 08/09/2013

Paid:  \$ 8.33

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61324810012131000 **Pharmacy (N/A)**

Line # Begin DOS

001 09/05/2013

Paid:  \$ 8.33

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61327310091793000 **Pharmacy (N/A)**

Line # Begin DOS

001 09/30/2013

Paid:  \$ 8.33

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61329510111430000 **Pharmacy (N/A)**

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

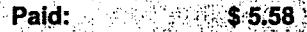
RECIPIENT ID 1086194673 **BIRTH DATE** **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 07/05/2012 / 1

1750303426 **TARGET STORE T-0673**

TCN: P61329510111430000 Pharmacy (N/A)

Line # Begin DOS

001 10/22/2013

Paid:  \$ 5.58

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61332010057995000 Pharmacy (N/A)

Line # Begin DOS

001 11/16/2013

Paid:  \$ 4.65

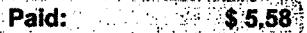
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61333810125810000 Pharmacy (N/A)

Line # Begin DOS

001 12/04/2013

Paid:  \$ 5.58

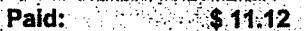
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61335710085429000 Pharmacy (N/A)

Line # Begin DOS

001 12/23/2013

Paid:  \$ 11.12

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61402210143793000 Pharmacy (N/A)

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

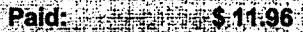
RECIPIENT ID 1086194673 **BIRTH DATE** **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 07/05/2012 / 1

1750303426 **TARGET STORE T-0673**

TCN: P61402210143793000 **Pharmacy (N/A)**

Line # Begin DOS

001 01/22/2014

Paid:  \$ 11.96

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61404910117063000 **Pharmacy (N/A)**

Line # Begin DOS

001 02/18/2014

Paid:  \$ 11.96

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61408710035450000 **Pharmacy (N/A)**

Line # Begin DOS

001 03/28/2014

Paid:  \$ 11.96

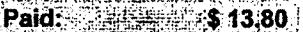
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61411210122654000 **Pharmacy (N/A)**

Line # Begin DOS

001 04/22/2014

Paid:  \$ 13.80

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61414010146056000 **Pharmacy (N/A)**

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 BIRTH DATE INJURY DATE/NO
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 07/05/2012 / 1

1750303426 TARGET STORE T-0673

TCN: P61414010146056000 Pharmacy (N/A)

Line # Begin DOS

001 05/20/2014

Paid: \$ 13.80

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61416810138418000 Pharmacy (N/A)

Line # Begin DOS

001 06/17/2014

Paid: \$ 13.80

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61419510088321000 Pharmacy (N/A)

Line # Begin DOS

001 07/14/2014

Paid: \$ 13.80

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61421910010481000 Pharmacy (N/A)

Line # Begin DOS

001 08/07/2014

Paid: \$ 16.55

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 TARGET STORE T-0673

TCN: P61424610177245000 Pharmacy (N/A)

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1750303426 **TARGET STORE T-0673**

TCN: P61424610177245000 **Pharmacy (N/A)**

Line # Begin DOS

001 09/03/2014

Paid:  **\$16.55**

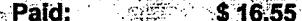
DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61427410187944000 **Pharmacy (N/A)**

Line # Begin DOS

001 10/01/2014

Paid:  **\$16.55**

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61430610085601000 **Pharmacy (N/A)**

Line # Begin DOS

001 11/02/2014

Paid:  **\$16.55**

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61433610108585000 **Pharmacy (N/A)**

Line # Begin DOS

001 12/02/2014

Paid:  **\$16.55**

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61436210051725000 **Pharmacy (N/A)**

Line # Begin DOS

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medicaid Report of Medical Services Paid

PRINT DATE: 02/04/2015

RECIPIENT ID 1086194673 **BIRTH DATE** 07/05/2012 **INJURY DATE/NO**
RECIPIENT NAME BROOKLYNN STILES 07/05/2012 / 1

1750303426 **TARGET STORE T-0673**

TCN: P61436210051725000 Pharmacy (N/A)

Line # Begin DOS

001 12/28/2014

Paid: \$ 16.55

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61502510086496000 Pharmacy (N/A)

Line # Begin DOS

001 01/25/2015

Paid: \$ 3.20

DIAZEPAM 5 MG/5 ML SOLUTION

1750303426 **TARGET STORE T-0673**

TCN: P61502610127724000 Pharmacy (N/A)

Line # Begin DOS

001 01/26/2015

Paid: \$ 11.04

DIAZEPAM 5 MG/5 ML SOLUTION

Additional Amount this Report	\$ 30,094.86
Total Amount Paid to Date	\$ 30,094.86

Net Amount Owed	\$ 30,094.86
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EXHIBIT

B



BY FACSIMILE: (248) 354-2323

November 26, 2014

Ardiana Culaj
The Thruswell Law Firm, PLLC
1000 Town Center
Ste 500
Southfield, MI 48075

Re: Patient: BROOKLYNN A STILES
Date of Injury: July 05, 2012
Member: BROOKLYNN A STILES
FRG's File No.: 472603-110514

Dear Ms. Ardiana Culaj:

Meridian Health Plan ("MeridianHP"), a Medicaid plan, has retained the services of First Recovery Group to represent MeridianHP in connection with their rights of subrogation and/or recovery regarding medical claims paid on behalf of BROOKLYNN A STILES.

Thank you for the recent update in this matter. The current healthcare recovery claim total is \$41,224.49. THIS IS NOT A FINAL AMOUNT. Please call this office to prior to final settlement to confirm the current claim total and receive settlement approval.

Lastly, please provide our office with a signed copy of the attached authorization and I will forward to your attention a Medical Payment Report detailing the type, date and provider of related medical charges.

In addition to the Plan's claim, the State of Michigan may have a subrogation interest in this case. Please direct inquires to the Department of Community Health at PO Box 30479, Lansing, MI 48909 or FAX 517-346-9876.

First Recovery Group, LLC
Attn: Patrick Cassidy
26899 Northwestern Hwy
Suite 250
Southfield, MI 48033

If you have any questions, please contact me at (248) 443-4800 ext. 227.

Very truly yours,

A handwritten signature in black ink, appearing to read "Patrick Cassidy".

Patrick Cassidy
Recovery Attorney

26899 Northwestern Hwy - Suite 250 - Southfield, MI 48033
Toll Free (866)449-4800 - Phone (248)443-4800 - Fax (248) 443-4804